

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF INDIANA
HAMMOND DIVISION

ANGELO XIDIAS and ROULA XIDIAS,)	
Plaintiffs,)	
)	Case No. _____.
vs.)	
)	
UNITED STATES OF AMERICA, UNITED)	
STATES POSTAL SERVICE and)	PLAINTIFF DEMANDS
LINDA R. EVANS,)	TRIAL BY JURY
)	
Defendants.)	

COMPLAINT

NOW COMES the Plaintiffs, Angelo Xidias and Roula Xidias, by and through their attorneys, Koransky Bouwer & Poracky, P.C., and complaining of the Defendants, the United States of America (hereinafter “USA”), the United States Postal Service (“USPS”), and Linda R. Evans (“**Evans**”), state as follows:

DEFENDANT PARTIES

1. Defendant, USA, at all times relevant hereto, had within its domain, custody and control over a federal agency, the United States Postal Services (hereinafter the “USPS”) and all of their agents, servant, workers, employees and/or other representatives, when acting within the scope of their employment.

2. The USPS is an independent agency of the executive branch of the United States federal government which is operated by a Board of Governors, the Postmaster General, and the Deputy Postmaster General. The USPS is explicitly authorized to conduct business by the United States Constitution. However, the USPS does not operate using taxpayer money, but rather operates from revenues from mail and package delivery and other miscellaneous services.

3. Defendant, Evans, is an adult individual who at all times relevant herein, was acting within the course and scope of her employment and in furtherance of the business activities of the USPS.

4. USA, USPS, and Evans are collectively referred to as the Defendants hereinafter. Other references are made as to the USA and USPS together having responsibility for all of the operational and management aspects of the USPS and their combined agents, servants, workers, employees and/or other representatives, specifically, Evans.

JURISDICTION AND VENUE

5. This Court has jurisdiction pursuant to 28 U.S.C. §1346(b).

6. Venue is proper in this district pursuant to 28 U.S.C. 1391(e).

7. This matter arises from an auto accident with USPS driver, Evans on January 20, 2020. The Plaintiffs submitted the requisite Form 95 signed and verified to the USPS setting forth their damages (see “Exhibit A” hereto, January 20, 2020 initial claim), and the USPS responded on January 29, 2020, indicating it could not accept the claim (see “Exhibit B” hereto, January 29, 2020 USPS Response). The Plaintiffs subsequently submitted two Amended Claims to USPS on July 9, 2020 and July 10, 2020, but to date USPS has not allowed the Amended Claim (see “Exhibit C” and “Exhibit D” hereto, Amended Claims of July 9, 2020 and July 10, 2020, respectively). The Plaintiffs have satisfied all procedural prerequisites to suit by timely submitting their claim to the USPS, which has denied their claim to date.

COUNT 1 - NEGLIGENCE

ANGELO XIDIAS and ROULA XIDIAS VS. USA and LINDA R. EVANS

8. Defendants, USA and USPS, have their principal postal facility for the area of where the accident occurred with a location at 303 Washington Street, Michigan City, IN 46360.

9. On or about November 11, 2019, Angelo Xidias was driving a vehicle in which Roula Xidias was a passenger. The Plaintiffs vehicle was traveling on or about U.S. 35 in LaPorte County, Indiana, when a vehicle of the Defendants, USA and USPS, driven by and through their agent, servant, worker, employee and/or other representative, specifically, Evans, caused an accident with the Xidias vehicle, by crossing the center line, traveling at a speed far above then existing conditions, then proceeded to drive into the Xidias vehicle's lane viciously striking the Xidias vehicle and its occupants.

10. The Defendants, USA and USPS in the operation of their postal vehicle by and through their agent, servant, worker, employee and/or other representative, specifically, Defendant Evans, jointly and severally, were negligent, careless, and reckless, generally and in the following particular manners:

- a. Operating or allowing said postal vehicle to be operated at an excessive rate of speed;
- b. Failing to have said postal vehicle under proper and adequate control at the time of the accident;
- c. Operating said postal vehicle in a negligent, careless, and reckless manner without due regard for the rights, safety, and position for other persons lawfully upon the highway, such as the Plaintiffs herein;
- d. Failure to give proper and sufficient warning of said postal vehicle's approach;
- e. Failure to use a braking and/or steering apparatus properly as to the postal vehicle;

f. Failure to remain attentive, to keep a proper lookout, and make proper observations in the operation of the postal vehicle;

g. Failing to maintain said postal vehicle free from any and all mechanical defects or problems resulting from a lack of preventative and general required maintenance;

h. Violating the local ordinances and statutes relating to the operation, maintenance, and control of the postal vehicle while operating in the state of Indiana;

i. Driving the postal vehicle unsafely;

j. Failing to adhere to posted signs and regulations;

k. Improperly becoming distracted from being able to properly operate said postal vehicle;

l. Negligent entrustment of the postal vehicle by Defendants USA and USPS to Defendant, Evans;

m. Negligent supervision by Defendants USA and USPS as to Defendant, Evans

n. Failing to maintain an assured clear distance from other vehicles on the roadway;

o. Failing to keep a proper lookout; and

p. Such other acts and/or omissions to act which constitute negligence, carelessness and/or recklessness, as may be learned through discovery proceedings as may be demonstrated by the evidence introduced at the time of trial which is in the exclusive possession and control of the Defendants herein.

11. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS, by and through their agent, servant, worker, employee and/or other

representative, specifically Defendant Evans, as hereinbefore alleged, the Plaintiffs, Angelo Xidias and Roula Xidias, were injured in their vehicle, resulting in injury to their vehicle and bodily and psychological injuries to both Plaintiffs, all or some of which bodily and psychological injuries may be permanent in nature.

12. By reason of the negligence, carelessness, and recklessness aforesaid of the Defendants, USA and USPS, by and through their agent, servant, worker, employee and/or other representative, specifically, Defendant, Evans as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias continue to suffer physical and mental impairments necessitating continuing medical treatment, the full extent of which is not yet known. The Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future undergo severe pain and suffering, as the result of which in the past and may in the future be unable to attend to their usual duties, occupations, vocations, and enjoyments of life, all to their great loss and detriment.

13. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future be obligated to receive and undergo medical and psychological attention and care and expend various sums of money, such sums of which may be due and owing to such health care providers.

14. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendants USA and USPS, by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias have in the past and may in the future suffer a severe loss of earnings and/or impairment of earning capacity or earning power, and Plaintiffs Angelo Xidias and Roula Xidias may continue

to suffer such a loss of earnings and/or impairment in earning capacity for an indefinite time in the future.

15. By reason of the aforesaid negligence, carelessness, and recklessness of the Defendant USA by and through their agent, servant, worker, employee, and/or other representative, specifically, Evans, as hereinbefore alleged, the Plaintiffs Angelo Xidias and Roula Xidias has in the past or may hereinafter incur other financial and/or pecuniary expenses and losses which exceed or may exceed in the future amounts which they are otherwise entitled to recover.

16. In addition to sustaining “non-economic losses,” the Plaintiffs Angelo Xidias and Roula Xidias sustained other pecuniary losses as well as other losses, the full extent of which is not yet known, some or all of which may still be owing.

WHEREFORE, Plaintiffs Angelo Xidias and Roula Xidias demand judgment in their favor and against the Defendants herein, USA, USPS and Linda R. Evans, jointly and/or severally, for damages, both economic and non-economic, in an amount in excess of two hundred fifty thousand dollars (\$250,000.00), an award of punitive damages for the reckless and indifferent misconduct by the Defendants, together with interest, costs of suit, attorney’s fees, and all such other and further relief that the Court deems just and appropriate under the circumstances.

COUNT II – LOST CONSORTIUM OF BOTH PLAINTIFFS
ANGELO XIDIAS and ROULA XIDIAS VS. USA and LINDA R. EVANS

17. Plaintiffs incorporate paragraphs 1 through 16, inclusive, as though the same were hereinafter set forth at length.

18. At all times relevant herein, Plaintiffs, Angelo Xidias and Roula Xidias, were the husband and wife of each other, and were and are entitled to the services, companionship, support, assistance, society, comfort, happiness, and other marital expectations of one another.

19. As a direct and proximate result of the aforesaid injuries and losses suffered by the Plaintiffs, Angelo Xidias and Roula Xidias, they each have been deprived of the services, companionship, support, assistance, society, comfort, happiness, and other marital expectations suffered by the Plaintiffs, and such deprivations and impairments may and/or will continue unto the future all to the great harm and detriment and loss of Plaintiffs Angelo Xidias and Roula Xidias.

WHEREFORE, Plaintiffs Angelo Xidias and Roula Xidias demand judgment in their favor and against the Defendants herein, USA, USPS, and Linda R. Evans, jointly and/or severally, for damages, both economic and non-economic, in in excess of two hundred fifty thousand dollars (\$250,000.00), an award of punitive damages for the reckless and indifferent misconduct by the Defendants, together with interest, costs of suit, attorney's fees, and all such other and further relief that the Court deems just and appropriate under the circumstances.

JURY DEMAND

Plaintiffs demand a trial by jury.

Respectfully submitted,

KORANSKY, BOUWER & PORACKY, P.C.

By: /s/ Paul B. Poracky
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Dyer, Indiana 46311
Phone: (219) 865-6700
Email: PPoracky@KBLegal.net



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Telephone: 219.865.6700
Facsimile: 219.865.5839

January 20, 2020

*By First Class Mail, and
By Certified Mail, Return Receipt Requested*

Trina Y. Webb
Tort Claim Coordinator
United States Postal Service - Claims
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

RE: CLAIM FOR DAMAGE, INJURY, OR DEATH
Claimants: Angelo Xidias & Roula Xidias /DOL: November 11, 2019

Dear Mr. Webb:

Please be advised that the undersigned represents Mr. Angelo Xidias and Mrs. Roula Xidias, husband and wife. It is on their behalf that this Claim for Damage, Injury, or Death / FORM OMB NO. 1105-0008, (hereinafter "Claim") is submitted. Thus, as their attorney, I have listed my phone number in the Claim Form itself for communication purposes.

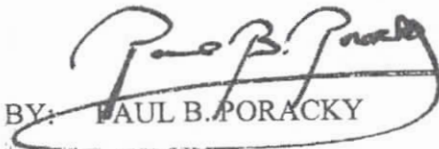
As stated, enclosed is my clients' Claim resulting from a collision on November 11, 2019 due to your employee's, Linda R. Evans, negligence and failure to maintain her USPS vehicle in a safe-like manner. Attached to the Claim are Exhibits A-C of which will aid in your review and supplement the Claim Form.

If somehow, we have failed to include information or attach appropriate paperwork, please contact the undersigned so that it may be supplemented and corrected. Upon your review of the enclosed, please contact me so that we may discuss their matter.

My clients have suffered medical and vehicular damages as a result of your employee, Linda R. Evans. Should I be away from my desk when you call, you may also contact me by email at: pporacky@kblegal.net or ask for my assistant, Suzanne. I look forward to your hearing from you.

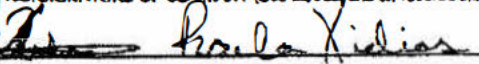
Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

BY: 
PAUL B. PORACKY

PBP/sd
Enclosures as noted



CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service Tort Claim Coordinator 3939 Vincennes Road Indianapolis, IN 46298			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse.) Number, Street, City, State and Zip code. Angelo P. Xidias Highland, IN 46322		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH	5. MARITAL STATUS married	6. DATE AND DAY OF ACCIDENT 11-11-2019	7. TIME (A.M. OR P.M.) 7:44 AM	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Mr. Angelo Xidias, along with his wife (Roula Xidias) were traveling southbound on US Hwy 35. Ms. Evans (postal employee) was traveling northbound on US Hwy 35. Evans lost control of her vehicle, crossed the center line (a total of 4 lanes) and struck the Xidias' vehicle. A third car behind Xidias could not avoid crashing into the rear-end portion of the Xidias' vehicle due to the collision, stopping the Xidias' vehicle. Ms. Evans negligence caused a three vehicle accident. IN Officer's Standard Crash Report is attached as Exhibit A.					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED (See instructions on reverse side). Xidias' Silver 2008 Honda Ridgeline PK was totaled					
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Ms. Evans, Mr. Xidias and Mrs. Xidias were transferred by ambulance to a local area hospital and continue their medical treatment.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached Exhibit B.		See Indiana Officer's Standard Crash Report attached as Exhibit A.			
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$8,000.00	12b. PERSONAL INJURY various injuries to both Mr. and Mrs. Xidias - still under treatment	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights) TBD - see attached Exhibit C.		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 		13b. PHONE NUMBER OF PERSON SIGNING FORM Attorney Poracky: 219.865.6700		14. DATE OF SIGNATURE 01/14/2020	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3728)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001)			

Electronic Version

903482510

Local ID

Page

1

1

6

201900149025

Date of Crash 11/11/2018	Day of Week Mon	Actual Local Time 7:44 AM	County LA PORTE	Township CENTER	# Motor Vehicles 3	# Injured 3	# Dead 0	# Commercial Vehicles 1	# Dece 0
Road Crash Occurred On US35			Nearby Intersecting Road/Highway/Interchange CR400N		If not an intersection, number of feet from 2000		Direction S		Road Classification US ROUTE
Inside Corporate Limits? NO		City/Town or Nearest City/Town LA PORTE			Property?		Crash Latitude		Crash Longitude
Driver #1 EVANS, LINDA, R			Driver #2 XIDIAS, ANGELO, P		Driver #3 FARRINGTON, GAYLE, L			Driver #4	

Primary Cause						Vehicle Contributing Circumstances						Environment Contributing Circumstances						Area Information						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ht and Run	NO		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Median			
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<																								

Total Estimate of all damage to the Crash:

\$25001 TO \$50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist	
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)	
<input type="checkbox"/> Other Participant			Non-Motorist Type	Non-Motorist Action
Address etc.			Apparent Physical Condition	
Phone #			Class?	Direction
<input type="checkbox"/> Witness	#	Name	Street/Highway	
<input type="checkbox"/> Other Participant			Traffic Control?	
Address etc.			If yes, was traffic control operational?	
Phone #				
Location at Time of Crash				

EXHIBIT A

903482510

Page 2 of 6

Local ID

201900149025

Type of Crash RIGHT ANGLE

Time Notified 7:48 AM	Time Arrived 7:55 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer CAPTAIN SMYTHE		ID No. 07	Agency LAPORTE SD	Investigation Complete? YES	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 11/11/2019	
Investigating Officer PISOWICZ, J		ID No. 048	Agency LAPORTE SD	Reviewing Officer SGT J BURGER	

Narrative

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtail. D2 explained V1 was traveling northbound on US 35. D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 stated he struck the driver's side of V1 (USPS truck #7205484). After doing so, D2 stated V3 (behind him) struck the passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtail and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene, I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the severity of her injuries.

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

EXHIBIT A

UNIT INFORMATION				903492510		Page 3 of 6	
Local ID 201800148025							
1 Driver's Name (Last, First, MI) EVANS, LINDA, R				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) MICHIGAN CITY IN 46360				Safety Equipment Effective? YES			
Date of Birth				Age 42		Gender FEMALE	
Driver's License #				Lic Type CP		CDL Class	
Lic State IN				EMR No. 0667		Injured Attn YES	
Nature of Most Severe Injury INTERNAL				Driver Injury Status INCAPACITATING - TRANSPORTED			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Hemiplegic <input type="checkbox"/> III <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employer Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tell From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Classification Test Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None			
Test Given NONE				Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT			
Alcohol Results PBT				Drug Results			
Certified <input type="checkbox"/> Pending							
Veh # 1				Color WHITE			
Vehicle Year 1988				Make CHEVROLET			
Model SML CNY CAB 402				Style PD			
# Occupants 1				Lic State US			
# Axes 2				Speed Limit 55			
Insured By UNKNOWN				Phone Number 8002758777			
Vehicle Modifications				Initial Impact Area <input type="checkbox"/> Undercoverage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) US POSTAL SERVICE				Same as Driver <input type="checkbox"/>			
Address (Street, City, State, Zip) 303 WASHINGTON STREET MICHIGAN CITY IN 46360				Arms Damaged (Multiple) <input type="checkbox"/> Undercoverage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Towed? To YES BY MICHIGAN CITY				Due to Dismembering Damage YES			
Lic State IN				Lic Year			
Registered Owner's Name (Last, First, MI) US POSTAL SERVICE				Same as Driver <input type="checkbox"/>			
Address (Street, City, State, Zip) 303 WASHINGTON STREET MICHIGAN CITY IN 46360				Vehicle Use OTHER GOVERNMENT (POSTAL, ETC.)			
Emergency Run?				First?			
Vehicle Type VAN				Pre-Crash Vehicle Action DRIVING LEFT OF CENTER			
Direction of Travel NORTH				Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lanes w/ Grass Median Only <input type="checkbox"/> Multi-Lanes w/ Concrete Turn Lane <input type="checkbox"/> Multi-Lanes w/ Curb Raised Median <input type="checkbox"/> Multi-Lanes w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
Gross Vehicle Weight Rating LESS THAN 10,001#				Cargo Body Type VAN/ENCLOSED BOX			
HAZMAT Placard NO				HAZMAT Release of Cargo HAZMAT 408100			
HAZMAT Class #				Event Collision With 1 ANOTHER MOTOR VEHICLE			

EXHIBIT A

UNIT INFORMATION				903482510		Page 4 of 6	
Local ID 201000149025							
Driver's Name (Last, First, MI) XIDIAS, ANGELO, P				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT			
Address (Street, City, State, Zip) HIGHLAND IN 46322				Safety Equipment Effective? YES			
Date of Birth Age 70 Gender MALE				Event/Trapped NOT EJECTED OR TRAPPED			
Licenses # Lic Type OP COL Class IN				Event No. 0789 Injured Ath YES Driver Injury Status INCAPACITATING - TRANSPORTED			
Nature of Most Severe Injury COMPLAINT OF PAIN				Location of Most Severe Injury CHEST			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> III <input type="checkbox"/> Alcohol/Fatigued <input type="checkbox"/> Drug/Medication <input type="checkbox"/> Unknown Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll-Free Employment <input type="checkbox"/> None Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None				# Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony IC Codes			
Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Alcohol Results PBT Certified Test <input type="checkbox"/> Pending Drug Results				Initial Impact Area <input type="checkbox"/> Undercoverage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Vehicle 2 Color SILVER Vehicle Year Make 2008 HONDA Model RIDGELINE Style PK # Occupants 2 Lic Year 2018 License # IN # Axes 2 Speed Limit 65 Insured By BLUE INSURANCE Phone Number				Areas Damaged (Multiple) <input type="checkbox"/> Undercoverage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Registered Owner's Name (Last, First, MI) XIDIAS, ANGELO, P Address (Street, City, State, Zip) HIGHLAND IN 46322				Vehicle Use PERSONAL (FARM, COMPANY) Emergency Run? NO			
Towed? To LAPORTE YES By ACETONING Due to Disabling Damage YES Lic State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver				Vehicle Type PICKUP Pre-Crash Vehicle Action GOING STRAIGHT Direction of Travel SOUTH			
License Address (Street, City, State, Zip) Veh Year Make Lic State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver				Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) One Way <input type="checkbox"/> Multi-Lanes w/ Grass Median Only <input type="checkbox"/> Multi-Lanes w/ Center Turn Lane <input type="checkbox"/> Multi-Lanes w/ Curb Raised Median <input type="checkbox"/> Multi-Lanes w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
License Address (Street, City, State, Zip) Veh Year Make Commercial Vehicle Carrier's Name and Address				Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE			
HAZMAT Proper Shipping Name: US DOT# Gross Vehicle Weight Rating HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID Hazard Class #				State DOT# CMV Inspection H Yac			

EXHIBIT A

UNIT INFORMATION				903492510		Page 5 of 6	
Local ID 201800149025							
3 Driver's Name (Last, First, MI) FARRINGTON, GAYLE L				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT			
Address (Street, City, State, Zip) CHESTERTON IN 46304				Safety Equipment Effective? YES			
Date of Birth				Age 62		Gender FEMALE	
EMR No.				Injured Arm NO		Driver Injury Status	
Lic Type OP				Lic Class IN		Lic State IN	
Apparatus Physical Status				Restrictions			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				<input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll-Free Employment			
Employer's Vehicle Only State-Owned Vehicles PP Chauffeurs Test Only Power Steering Special Restrictions Probation DWI Probation HTO <input checked="" type="checkbox"/> None				Location of Most Severe Injury			
Test Given NONE				Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> BFST <input type="checkbox"/> PBT			
Alcohol Results PBT Value 3 Color BLUE Vehicle Year 2017 Make KIA Model OPTIMA Style 4D				Drug Results			
Certified <input type="checkbox"/> Pending							
# Occupants 1				Lic State IN			
# Axles 2				Speed Limit 55			
Insured By INDIANA FARM BUREAU INSURANCE				Phone Number 2199281004			
Vehicle Identification				Initial Impact Area			
Registered Owner's name (Last, First, MI) FARRINGTON, GAYLE L				<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Address (Street, City, State, Zip) CHESTERTON IN 46304				<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Turned? To MICHIGAN CITY YES By BRINKMANS TOWING				Due to Damaging Damage YES			
Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Emergency Run? First? NO			
License# Address (Street, City, State, Zip)				Vehicle Type PASSENGER CAR/STATION WAGON			
Veh Year Make				Pre-Crash Vehicle Action GOING STRAIGHT			
Lic State Lic Year Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver				Direction of Travel SOUTH			
License# Address (Street, City, State, Zip)				Type of Primary/Secondary Roadway			
Veh Year Make				<input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier			
Commercial Vehicle: Carrier's Name and Address				<input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (2 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
HAZMAT Proper Shipping Name: State DOT#				Event Collision With 1. ANOTHER MOTOR VEHICLE			
US DOT# ICC# CalV Inspection If Yes							
Gross Vehicle Weight Rating Cargo Body Type							
HAZMAT Pictorial HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #							

EXHIBIT A

EXHIBIT A

EXHIBIT B - WITNESSES

	NAME	ADDRESS
1.	Linda R. Evans	
2.	Angelo P. Xidias	
3.	Roula Xidias	
4.	Gayle L. Farrington	
5.	Any and all Medical Personnel on the scene and/or at the hospital	
6.	Any and all Emergency Personnel on the scene and/or at the hospital	
7.	Any and all treating physicians for all witnesses listed above	

EXHIBIT B

MEDICAL BILL SUMMARY FOR ROULA XIDIAS

Provider	Date of Invoice	Amount
La Porte EMS	11/11/19	915.00
La Porte Physician Network - Dr. Conn	12/12/19	114.00
		<u>1,029.00</u> TOTAL

EXHIBIT C

La Porte Physician Network**LaPortePhysicianNetwork.com**417 BRIDGE ST. SUITE 1000000004
DANVILLE, VA 24541-1403**PHYSICIAN STATEMENT**Billing Questions or Credit Card Payments
call: 844-575-4328
Hours of Operation 8:00AM-5:00PM CST

Effective, February 3, 2018

La Porte Physician Network transitioned to a new software system.
You may receive statements from both systems for services provided
by La Porte Physicians.

Any questions, please call 844-575-4328

Statement Number	Due Date	Amount Due	Amount Paid
	01/18/2020	\$62.45	\$

Please make checks payable and remit to:


LA PORTE PHYSICIAN NETWORK
 P.O. Box 74008602
 Chicago, IL 60674-8602

Page 1 of 1

ROULA XIDIAS

HIGHLAND IN 46322-2335

☐ Check if address/insurance changes are on back.

Please detach and return top portion with payment.

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	12/28/2019	01/18/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
		\$114.00	\$0.00 -\$51.55	\$62.45

 Total Charges:\$114.00
 Insurance Payments/Adjustments:-\$51.55
 Patient Payments/Adjustments:\$0.00
AMOUNT DUE:**\$62.45****EXHIBIT C**

La Porte County EMS

809 State St., Suite 301A
LA PORTE, IN 46350
(219) 326-8808 (219) 325-5586
Federal Tax ID:

Patient Name: Roula Xidas

Patient Number:
Call Number:
Date Of Call:

From Location:
To Location:

Roula Xidas

Insurance:

<u>DESCRIPTION OF CHARGES</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Advanced Life Support		1.0	859.00	859.00
Ambulance Mileage Charge		4.5	12.00	54.00
PUBLIC OUTREACH FEE		1.0	2.00	2.00

Total Charges 915.00

Total Credits 0.00
PLEASE PAY THIS AMOUNT => \$915.00

^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: Xidas Roula

Amount Due: \$915.00

Amount

Enclosed \$ _____

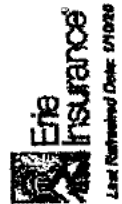
THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.
> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
DISREGARD THIS STATEMENT. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	565.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	3,124.93
Lake Porter Cardiovascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		<u>5,654.00</u> TOTAL



ECC Payment Log
Exposure: MedPay

Paid: \$6,000

Claimant: ANGELO XIDIAS

DATE	FROM	TO	DESCRIPTION	AMOUNT	PAID	DATE
12/1/19	RADIOLOGY INC.		Medical Payments	\$402.06		11/1/19
12/1/19	RADIOLOGY INC.		Medical Payments	\$246.12		11/1/19
12/1/19	RADIOLOGY INC.		Medical Payments	\$470.84		11/1/19
12/1/19	LAKE PORTER CARDIOVASCULAR		Medical Payments	\$170.00		11/1/19
12/27/19	LA PORTE CLINIC COMPANY LLC		Medical Payments	\$885.00		11/13/19
1/6/20	LA PORTE HOSPITAL		Medical Payments	\$3,154.50		11/1/19

EXHIBIT C

La Porte County EMS

809 State St., Suite 301A
LA PORTE, IN 46350
(219) 326-8808 (219) 325-5568
Federal Tax ID:

Patient Name: Angelo Xidas

Patient Number:
Call Number:
Date Of Call:

From Location:
To Location:

Angelo Xidas

HIGHLAND, IN 46322

Insurance:

<u>DESCRIPTION OF CHARGES</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Basic Life Support	1.0	588.00	588.00
BLS Mileage	4.5	12.00	54.00
PUBLIC OUTREACH FEE	1.0	2.00	2.00

Total Charges 654.00

Total Credits 0.00
PLEASE PAY THIS AMOUNT => \$654.00

^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: Xidas, Angelo

Amount Due: \$654.00

Amount

Enclosed \$ _____

THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.
> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
DISREGARD THIS STATEMENT. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C



KORAN

SENDER: COMPLETE THIS SECTION

Paul B. Poracky
PPoracky@KBLegal.net

January 20, 2020

By First Class Mail, and
By Certified Mail, Return

Trina Y. Webb
Tort Claim Coordinator
United States Postal Service
Greater Indiana District Of
3939 Vincennes Road
Indianapolis, IN 46298-9361

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail or on the front if space permits.

1. Article Addressed to:

Trina Y. Webb Tort Claims
USPS - Claims / Greater Indiana
District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361



9590 9402 5188 9122 8533 1

2. Article Number (Transfer from sender label)

7019 1120 0000 1810 9396

PS Form 3811, July 2015 PSN 7530-02-000-9053

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee

Extra Services & Fees (check box, and fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Post

Sent to

Street and

City, State

Trina Y. Webb Tort Claims
USPS - Claims / Greater Indiana
District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

- ☐ Insured Mail
☐ Insured Mail Restricted Delivery
(over \$500)

- ☐ Signature Confirmation
Restricted Delivery

Domestic Return Receipt

RE: CLAIM FOR DAMAGE, INJURY, OR DEATH
Claimants: Angelo Xidias & Roula Xidias /DOL: November 11, 2019

Dear Mr. Webb:

Please be advised that the undersigned represents Mr. Angelo Xidias and Mrs. Roula Xidias, husband and wife. It is on their behalf that this Claim for Damage, Injury, or Death / FORM OMB NO. 1105-0008, (hereinafter "Claim") is submitted. Thus, as their attorney, I have listed my phone number in the Claim Form itself for communication purposes.

As stated, enclosed is my clients' Claim resulting from a collision on November 11, 2019 due to your employee's, Linda R. Evans, negligence and failure to maintain her USPS vehicle in a safe-like manner. Attached to the Claim are Exhibits A-C of which will aid in your review and supplement the Claim Form.

If somehow, we have failed to include information or attach appropriate paperwork, please contact the undersigned so that it may be supplemented and corrected. Upon your review of the enclosed, please contact me so that we may discuss their matter.

My clients have suffered medical and vehicular damages as a result of your employee, Linda R. Evans. Should I be away from my desk when you call, you may also contact me by email at: pporacky@kblegal.net or ask for my assistant, Suzanne. I look forward to your hearing from you.

Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

BY: PAUL B. PORACKY

PBP/sd

Enclosures as noted



January 29, 2020

Paul B. Poracky
Koransky, Bouwer & Poracky, P.C.
425 Joliet Street, Suite 425
Dyer, Indiana 46311

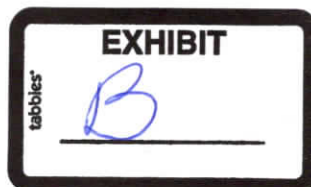
**RE: Your Clients: Angelo Xidias & Roula Xidias / DOL
USPS File No.: 460-20-0045-5308A**

Dear Mr. Poracky

I am in receipt of your letter dated January 20, 2020 requesting a property damage settlement for your client. The request as submitted cannot be given consideration at this time because it clearly states that you intend to file a personal injury claim in the future.

The terms of the Federal Tort Claims Act states that you may only make one claim, one time, for the total amount of your damages and you have two years from the date of the accident to file a valid claim. I have no authority to split the property damage and personal injury.

The Federal Tort Claims Act does not allow for the "splitting" of claims. U.S.C. § 2672 states that acceptance by the claimant of any such award, compromise, or settlement shall be final and conclusive on the claimant, and shall constitute a complete release of any claim against the United States and against the employee whose act or omission gave rise to the claim, by reason of the same subject matter. Furthermore, as noted in the instructions on the SF-95, if a claimant intends to file a claim for both personal injury and property damage, the claim for both must be shown in box number 12 of the SF-95. Therefore, should your client wish to file his property damage claim, solely, without including his personal injury claim, and his property damage claim would get settled, he would be precluded from filing any further claim for personal injury in regard to this incident.



I have enclosed a claim form for your client. Instructions for completion of the claim form are on the reverse side of the form. Any claim arising from common law torts alleged against the United States Postal Service or its employees acting within the scope of their official duties is governed *exclusively* in accordance with the provisions of the Federal Tort Claims Act. Complete regulations can be found in Title 28, Code of Federal Regulations, Part 14. **Prior to the commencement of any civil action you and your client must exhaust all administrative remedies as outlined in 28 U.S. Code, § 2675. Please note your attorney fee in this matter is limited as outlined in 28 U.S. Code, § 2678.**

Valid claim submissions will be given fair consideration in accordance with the Federal Tort Claims Act. We look forward to an amicable resolution of this matter.

Sincerely,



Tina Y. Webb
Tort Claim Coordinator

United States Postal Service
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361
(317) 870-8588

Encl(s): Standard Form 95, claim form

USPS File No.: 460-20-0045-5308B

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service Tort Claim Coordinator 3939 Vincennes Road Indianapolis, IN 46208-9361			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
10. PERSONAL INJURY/WRONGFUL DEATH STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights).		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE	
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM	14. DATE OF SIGNATURE	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3726).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

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95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	



KORANSKY, BOUWER & PORACKY, P.C.

Attorneys and Counselors at Law

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Telephone: 219.865.6700
Facsimile: 219.865.5839

July 9, 2020

By Certified Mail, Return Receipt Requested

Ms. Trina Y. Webb
Tort Claims Coordinator
United States Postal Service - Claims
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

RE: Update of Damages Claims by Mr. & Mrs. Xidias
USPS File No. 460-20-0045-5308A
Vehicle Accident
Claimants: ROULA XIDIAS & ANGELO XIDIAS
DOL: November 11, 2019

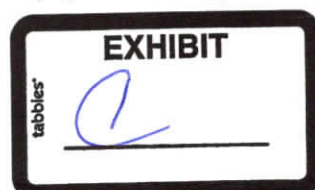
Dear Ms. Webb:

I enjoyed our discussion the other day and thank you for taking time out of your busy schedule to speak with me. This correspondence shall serve as a supplemental update to Roula and Angelo Xidias' damage claims when they were struck by an out-of-control postal vehicle which had crossed over the median-center line striking the Honda Ridgeline they were traveling in. The accident occurred on November 11, 2019. I include a copy of the Indiana Officer's Standard Crash Report and photos (**Exhibit A**) providing additional detail as to the negligence of the USPS driver and the exact location of the accident. A list of known witnesses is also included (**Exhibit B**). If necessary, the Xidias' treating health care providers are also possible witnesses in this matter.

The Xidias' are still under the care and treatment of their respective health care providers. Due to the unfortunate consequences stemming from COVID-19 which included no doctor visits unless there existed an emergency, their consultations and treatment regimens have suffered several months of interruption, as their doctors' offices were not open to treat them. Both are back in treatment.

Both Roula and Angelo are under the care and treatment of their neurologist, Dr. Shaila Gupta, M.D. As to **Roula**, she continues to have low back pain with radiating numbness into both of her legs, bilateral shoulder pain, headaches, sleep interruption and signs of PTSD (repeated reliving of the accident during wakeful hours and recurrent nightmares). She remains fearful of being in a vehicle. With the breaking of COVID-19 for doctor visits, Roula has returned to conservative physical therapy treatment. Roula has undergone an EMG/NCV study which indicates L5 involvement. Dr. Gupta has recommended MRI testing follow-up, but Roula's insurance (Ambetter) had not cleared her for this test on two separate occasions. However, now, she is scheduled for MRI on July 22, 2020 and we await the results of that test. I am appending to this information packet (**Exhibit C**), an Excel spreadsheet containing known and available medical expenses incurred by Roula. We await billings from the hospital where Roula was admitted for 3-days immediately following the accident and those are not yet included in the spreadsheet.

As to **Angelo**, he too remains under the care and treatment of Dr. Gupta, M.D. Like his wife, Angelo has been able to finally return to physical therapy recently. Angelo continues to suffer low back





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pain with numbness radiating primarily to his right leg, right arm pain, injury bilaterally to both hands with numbness and pain along with general head pain accompanied by headaches. I am appending to this information packet (**Exhibit C**), an Excel spreadsheet containing known and available medical expenses incurred by Angelo.

In terms of lost wages, Angelo Xidias had been the manager of Main Muffler & Brake located in LaPorte, IN. Angelo was paid a weekly salary (\$314.00) and weekly bonus (\$393.42) prior to the accident date. His combined weekly total is \$707.42. He has been off work since the date of the accident which through the beginning of July is [35 weeks x \$707.42 = \$24,759.80]. Roula Xidias is an office assistant at Main Muffler & Brake and worked on average between 20 – 30 hours per week and earned the federal minimum wage of \$7.25. Assuming a mid-point of 25 hours per week. She has been off work since the date of the accident which through the beginning of July is [35 weeks x 25 hours/week x \$7.35/hour = \$6,431.25]. Of course, neither Roula nor Angelo have been released to return to work as of yet, so these lost wages will continue until such time as they are physically able to return to their jobs. Attached is an Employee Statement of Wage for Roula and Angelo (**Exhibit E**).

In terms of property damage, the 2008 Honda Ridgeline damage was calculated by Erie Insurance at \$8483.92. The vehicle was declared a “total loss” so there are no repair estimates, just a fair market evaluation of the value of this truck. I have included that Report from Erie Insurance (**Exhibit D**) in this packet as well. Angelo is himself a car mechanic, had taken excellent care of the Honda Ridgeline and enjoyed driving same.

TOTAL DAMAGES AT THIS TIME*

\$20,989.69	Roula Xidias known medical bills
\$27,192.58	Angelo Xidias known medical bills
\$24,759.80	Angelo Xidias lost wages
\$ 6,431.25	Roula Xidias lost wages
<u>\$ 8,483.92</u>	Property Damages
<u>\$87,857.24</u>	TOTAL DAMAGES TO DATE

*Understanding that both Roula and Angelo Xidias are still under their doctor’s supervision and are continuing to treat, so there will be additional medical bills/expenses to come.

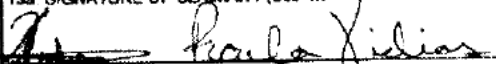
Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

BY:  PAUL B. PORACKY

PBP/sd

Enclosures as noted

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service Tort Claim Coordinator 3939 Vincennes Road Indianapolis, IN 46298			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse); Number, Street, City, State and Zip code Angelo P. Xidias Highland, IN 46322		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS married	6. DATE AND DAY OF ACCIDENT 11-11-2019	7. TIME (A.M. OR P.M.) 7:44 AM
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary) Mr. Angelo Xidias, along with his wife (Roula Xidias) were traveling southbound on US Hwy 35. Ms. Evans (postal employee) was traveling northbound on US Hwy 35. Evans lost control of her vehicle, crossed the center line (a total of 4 lanes) and struck the Xidias' vehicle. A third car behind Xidias could not avoid crashing into the rear-end portion of the Xidias' vehicle due to the collision, stopping the Xidias' vehicle. Ms. Evans negligence caused a three vehicle accident. IN Officer's Standard Crash Report is attached as Exhibit A.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code) N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). The Xidias' Silver 2008 Honda Ridgeline PK was totaled. Insurance "Total Loss" Report is attached as Exhibit D. A total of lost wages is attached in Poracky's letter to Webb and is attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT Ms. Evans, Mr. Xidias and Mrs. Xidias were transferred by ambulance to a local area hospital - the Xidias's continue their ongoing medical treatment. Exhibit C is attached and show medical billing costs.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached Exhibit B.		See Indiana Officer's Standard Crash Report attached as Exhibit A.			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$8,483.92		12b. PERSONAL INJURY \$79,373.32		12c. WRONGFUL DEATH N/A	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$87,857.24	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 			13b. PHONE NUMBER OF PERSON SIGNING FORM Attorney Poracky: 219.865.6700		14. DATE OF SIGNATURE 07-09-20
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		



INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903482510

Local ID

201900149025

Page 1 of 6

Date of Crash 11/11/2019	Day of Week Mon	Actual Local Time 7:44 AM	County LA PORTE	Township CENTER	# Motor Vehicles 3	# Injured 3	# Dead 0	# Commercial Vehicles 1	# Deaf 0
Road Crash Occurred On US35			Nearest/Intersecting Road/Mile Marker/Interchange CR400N		If not an Intersection, number of feet from 2000		Direction S		Road Classification US ROUTE
Inside Corporate Limits? NO			City/Town or Nearest City/Town LA PORTE		Property?		Crash Latitude		Crash Longitude
Driver #1 EVANS, LINDA R			Driver #2 XIDIAS, ANGELO, P		Driver #3 FARRINGTON, GAYLE L		Driver #4		

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver Contributing					Vehicle Contributing				
Alcoholic Beverages					Engine Failure or Defective				
Illegal Drugs					Accelerator Failure or Defective				
Prescription Drugs					Brake Failure or Defective				
Driver Asleep or Fatigued					Tire Failure or Defective				
Driver Illness					Headlight(s) Defective or Not On				
Unsafe Speed					Other Lights Defective				
Failure to Yield					Steering Failure				
Disregard Signal					Window/Windshield Defective				
Left of Center					Overload/Overweight Load				
Improper Passing					Insecure/Leaky Load				
Improper Turning					Tow Hitch Failure				
Improper Lane Usage					Other				
Following Too Closely					None				
Unsafe Backing					Environment Contributing				
Overcorrecting					Glass				
Ran off Road					Roadway Surface				
Wrong Way on One Way					Holes/Ruts in Surface				
Pedestrian's Action					Shoulder Defective				
Passenger Distraction					Road Under Construction				
Restriction Violation					Severe Crosswinds				
Jackknifing					Obstruction Not Marked				
Cell Phone Usage					Lane Marking Obscured				
Other Telematics					View Obstructed				
Driver Distracted					Animal/Object in Roadway				
Speed/Weather Conditions					Traffic Ctl Inop/Missing/Obscure				
Unsafe Lane Movement					Utility Work				
Other					Other				
None					None				

Area Information	
Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	SNOW
Surface Condition	SNOW/SLUSH
Type of Median	
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	LANE CONTROL
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:

\$25001 TO \$50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist	
Witness	#	Name	(Last Name, First Name, MI)	
Other Participant			Non-Motorist Type	Non-Motorist Action
Address etc.			Apparent Physical Condition	
Phone #	Location at Time of Crash		Cited?	Direction
Witness	#	Name	Street/Highway	
Other Participant			Traffic Control?	
Address etc.			If yes, was traffic control operational?	
Phone #	Location at Time of Crash			

EXHIBIT A

903482510

Page 2 of 6

Local ID

201900149025

Type of Crash

RIGHT ANGLE

Time Notified 7:46 AM	Time Arrived 7:55 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer CAPTAIN SMYTHE		ID No. 07	Agency LAPORTE SD	Investigation Complete? YES	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 11/11/2019	
Investigating Officer P. SOWICZ, J		ID No. 048	Agency LAPORTE SD	Reviewing Officer SGT J BURGER	

Narrative

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtail. D2 explained V1 was traveling northbound on US 35. D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 stated he struck the driver's side of V1 (USPS truck #7205484). After doing so, D2 stated V3 (behind him) struck the passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtail and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene, I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the severity of her injuries.

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

EXHIBIT A

UNIT INFORMATION				903482510		Page 3 of 6	
Local ID 201900149025							
1 Driver's Name (Last, First, MI) EVANS, LINDA, R				Safety Equipment Used LAP + HARNESS			
Address (Street, City, State, Zip) MICHIGAN CITY IN 46360				Safety Equipment Effective? YES			
Date of Birth Age Gender 42 FEMALE				Ejection/Trapped NOT EJECTED OR TRAPPED			
Driver's License # Lic Type OP CDL Class Lie State IN				EMS No. 0657		Injured Attn YES	
				Driver Injury Status INCAPACITATING - TRANSPORTED			
Nature of Most Severe Injury INTERNAL				Location of Most Severe Injury ABDOMEN/PELVIS			
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None				If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony IC Codes			
Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Alcohol Results PBT Veh# 1 Color WHITE Vehicle Year 1988 Make CHEVROLET Model SML CNV CAB 4X2- Style PD # Occupants 1 Lic Year 0000 License # NONE License State US # Axles 2 Speed Limit 55 Insured By UNKNOWN Phone Number 8002758777				Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Front</div> <div style="display: flex; flex-direction: column; align-items: center;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;">Rear</div> </div>			
Registered Owner's Name (Last, First, MI) US POSTAL SERVICE Address (Street, City, State, Zip) 303 WASHINGTON STREET MICHIGAN CITY IN 46360 Towed? To MICHIGAN CITY Due to Disabling Damage YES YES By MUSIC TOWING Lic State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver License# Address (Street, City, State, Zip) Veh Year Make Lic State Lic Year Registered Owner's Name (Last, First, MI) Same as Driver License# Address (Street, City, State, Zip) Veh Year Make Commercial Vehicle: Carrier's Name and Address 1 UNITED STATES POSTAL SERVICE 303 WASHINGTON STREET MICHIGAN CITY IN 46360 HAZMAT Proper Shipping Name: State DOT# US DOT# ICC# CMV Inspection If Yes Gross Vehicle Weight Rating LESS THAN 10,001# Cargo Body Type VAN/ENCLOSED BOX HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class # NO				Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Front</div> <div style="display: flex; flex-direction: column; align-items: center;"> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div> <div style="text-align: center;">Rear</div> </div>			
Vehicle Use OTHER GOVERNMENT (POSTAL ETC) Emergency Run? First? NO Vehicle Type VAN Pre-Crash Vehicle Action DRIVING LEFT OF CENTER Direction of Travel NORTH Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lane (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp				Event Collision With 1. ANOTHER MOTOR VEHICLE			

EXHIBIT A

UNIT INFORMATION				903482510		Page 4 of 6	
Local ID 201900149025							
2 Driver's Name (Last, First, MI) XIDIAS, ANGELO, P				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT			
Address (Street, City, State, Zip) HIGHLAND IN 46322				Safety Equipment Effective? YES			
				Ejection/Trapped NOT EJECTED OR TRAPPED			
Age 70		Gender MALE		EMS No. 0789	Summed Athn YES	Driver Injury Status INCAPACITATING - TRANSPORTED	
Driver's License #		Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury COMPLAINT OF PAIN		
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Toll From Employment		<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None		Location of Most Severe Injury CHEST	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony		IC Codes	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results			
Veh# 2	Color SILVER	Vehicle Year 2008	Make HONDA	Model RIDGELINE	Style PK	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
# Occupants 2	Lic Year 2019	Licenses #	License State IN		Front <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
# Axes 2	Speed Limit 55	Insured By ERIE INSURANCE	Phone Number 8003673743				
Vehicle Identification #				Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) XIDIAS, ANGELO, P				Front <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			
Address (Street, City, State, Zip) HIGHLAND IN 46322				Vehicle Use PERSONAL (FARM, COMPANY)			
Towed? To LAPORTE YES By ACETOWING				Due to Disabling Damage YES		Emergency Run? First? NO	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	
Licensor		Address (Street, City, State, Zip)					
Veh Year		Make					
Lic State		Lic Year		Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver	
Licensor		Address (Street, City, State, Zip)					
Veh Year		Make					
Commercial Vehicle Carrier's Name and Address							
HAZMAT Proper Shipping Name:				State DOT#			
US DOT#		ICCN		CMV Inspection		If Yes	
Gross Vehicle Weight Rating		Cargo Body Type					
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#		Hazard Class #	
Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE							

EXHIBIT A

UNIT INFORMATION				903482510		Page 5 of 6	
Local ID 201900149025							
3 Driver's Name (Last, First, MI) FARRINGTON, GAYLE, L				Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT			
				Safety Equipment Effective? YES			
CHESTERTON IN 46304				Ejection/Trapped NOT EJECTED OR TRAPPED			
Date of Birth		Age 62		Gender FEMALE		EMS No.	
						Injured Affn NO	
						Driver Injury Status	
Lic Type OP				CDL Class		Lic State IN	
				Nature of Most Severe Injury			
Apparent Physical Status				Location of Most Severe Injury			
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown				Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment			
<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None				If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			
Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT				Alcohol Results PBT Certified Test <input type="checkbox"/> Pending			
Drug Results Vch# 3 Color BLUE Vehicle Year Make 2017 KIA Model OPTIMA Style 4D				Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
# Occupants 1 Lic Year 2021 License State IN # Axles 2 Speed Limit 55 Insured By INDIANA FARM BUREAU INSURANCE Phone Number 2199261004				Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown			
Registered Owner's Name (Last, First, MI) FARRINGTON, GAYLE, L Address (Street, City, State, Zip) CHESTERTON IN 46304				Vehicle Use PERSONAL (FARM, COMPANY) Emergency Run? NO			
Towed? To MICHIGAN CITY YES By BRINCKMANS TOWING Due to Disabling Damage YES				Vehicle Type PASSENGER CAR/STATION WAGON			
License# Address (Street, City, State, Zip) Veh Year Make				Pre-Crash Vehicle Action GOING STRAIGHT			
License# Address (Street, City, State, Zip) Veh Year Make				Direction of Travel SOUTH			
Commercial Vehicle: Carrier's Name and Address				Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier			
HAZMAT Proper Shipping Name: State DOT# US DOT# ICC# CMV Inspection If Yes				<input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp			
Gross Vehicle Weight Rating Cargo Body Type				Event Collision With 1. ANOTHER MOTOR VEHICLE			
HAZMAT Placard HAZMAT Release of Cargo HAZMAT 4-Digit ID# Hazard Class #							

EXHIBIT A

NON-DRIVER INJURED INFORMATION				903482510	Page 6 of 6
Local ID 201900149025					
Injured Pre-crash Location: Veh# 2 INJURED			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT		
Name (Last, First, MI) XIDIAS, ROULA			Safety Equipment Effective? YES		
Address (Street, City, State, Zip)			Ejection/Trapped NOT EJECTED OR TRAPPED		
HIGHLAND IN 46322			EMS No. 0789	Injured Attn YES	Injury Status INCAPACITATING-
Date of Birth	Age 59	Gender FEMALE	Nature of Most Severe Injury COMPLAINT OF PAIN		
Position in or on Vehicle			Location of Most Severe Injury CHEST		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Veh#			Alcohol Results: PBT <input type="checkbox"/> Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results		
Injured Pre-crash Location:			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Injured Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Veh#			Alcohol Results: PBT <input type="checkbox"/> Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results		
Injured Pre-crash Location:			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Injured Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Veh#			Alcohol Results: PBT <input type="checkbox"/> Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results		
Injured Pre-crash Location:			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
			EMS No.	Injured Attn	Injury Status
Date of Birth	Age	Gender	Nature of Most Severe Injury		
Position in or on Vehicle			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Veh#			Alcohol Results: PBT <input type="checkbox"/> Certified Test <input type="checkbox"/> Pending <input type="checkbox"/> Drug Results		

EXHIBIT A







EXHIBIT A



EXHIBIT A



EXHIBIT A



EXHIBIT A

EXHIBIT B - WITNESSES

	NAME	ADDRESS
1.	Linda R. Evans	
2.	Angelo P. Xidias	
3.	Roula Xidias	
4.	Gayle L. Farrington	
5.	Leonard V. Covello, MD	of Community Hospital
6.	Shaila B. Gupta, MD	of Community Hospital
7.	David L. Bolin, MD	of Regional Health
8.	Christopher Adam Conn, MD	of La Porte Physician Network
9.	Patti J. Leahy	of LCSW of Regional Health
10.	Joseph Venditti, MD	of La Porte Hospital
11.	Any and all Medical Personnel on the scene and/or at the hospital	
12.	Any and all Emergency Personnel on the scene and/or at the hospital	
13.	Any and all treating physicians including future treatment of all witnesses listed above	

MEDICAL BILL SUMMARY FOR ROULA XIDIAS

Provider	Date of Invoice	Amount
North IN Emerg Phys / EMBCC	11/11/19	2,089.00
La Porte EMS	11/11/19	915.00
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	41.13
Radiology, Inc.	11/11/19	287.94
La Porte Physician Network - Dr. Conn	12/12/19	114.00
Regional Health	12/16/19	402.40
Radiology, Inc.	12/18/19	809.39
Radiology, Inc.	12/24/19	243.29
LaPorte Hospital	12/30/19	400.68
Radiology, Inc.	01/03/20	44.80
Regional Health	01/07/20	292.40
Radiology, Inc.	01/13/20	249.12
Dr. Shaila Gupta	01/21/20	428.00
LaPorte Hospital	01/23/20	3,252.72
Regional Health	01/28/20	292.40
La Porte Physician Network - Dr. Conn	01/30/20	114.00
P.T. @Community Hospital	02/01/20	852.00
Regional Health	02/12/20	292.40
Regional Health	02/20/20	292.40
Dr. Shaila Gupta	03/03/20	206.00
Dr. Shaila Gupta	03/03/20	204.00
Regional Health	03/10/20	392.40
Dr. Shaila Gupta	03/10/20	440.00
Community Hospital - diagnostics	03/10/20	7,006.00
P.T. @Community Hospital	03/20/20	1,287.00
		20,989.60 TOTAL

Account Number	Guarantor Name	myEasyMatch Code	Statement Date	Due Date
	Roula Xidias	N	03/26/20	04/15/20

Date	Description	Charges	Provider	Charges	Credits	Balance
		109.00				0.00
					(0.00)	
		109.00			(0.00)	0.00
		204.00				184.58
		206.00				113.23
					(0.00)	
					(132.19)	
		410.00			(132.19)	277.81
		234.00				0.00
		206.00				0.00
		440.00			(0.00)	0.00
						277.81
						100.00
						177.81

MESSAGES:

If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Bill Online: www.comhs.org	
Total Balance	\$277.81
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$277.81

PAY THIS
AMOUNT:

\$277.81

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 46 of 120

DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST	INS BAL	PAT BAL
01/28/20	Roula	Bolin			\$292.40	\$0.00	\$37.91	\$230.31	\$0.00	\$24.18
02/12/20	Roula	Bolin			\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
02/20/20	Roula	Bolin			\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
03/10/20	Roula	Bolin			\$392.40	\$0.00		\$298.96	\$0.00	\$93.44
Your patient balance is more than 30 days past due! Please pay as soon as possible.										

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

EXHIBIT C

Guarantor Number	Guarantor Name	Statement Date	Due Date
	Roula Xidias	05/17/20	06/06/20

> Hospital Accounts NOT on Payment Plan

Account - Roula Xidias - COMMUNITY HOSPITAL - Outpatient - AMBETTER MHS -			
02/17/20	\$852.00	\$0.00	
to		-\$433.44	
02/29/20			\$418.56
IS -			
Account 30045	\$1,297.00	\$0.00	
03/02/20		-\$668.58	
to			
03/31/20			\$618.42
IS -			
Account 30046	\$7,096.00	\$0.00	
03/03/20		-\$6,023.30	
to			
03/04/20		-\$200.00	

****COVID-19 Update****

Community Healthcare System is dedicated to providing for the healthcare of the communities we serve. If your employment situation has changed, please contact our office to discuss any changes you need to make. Per CDC guidelines, we are restricting in-person visits for document collection and payments. Charity documents can be mailed or faxed to us. Payments can be made online or by phone. Please contact us with any questions you may have.

Making payments without a formal payment arrangement on all accounts will not stop our collection process. Please contact our office to set up a payment plan.

If your personal information has changed or you are sending in a credit card payment, please fill out the information on the back of statement.

Any communications concerning a dispute of any payments for less than the full account balance which are tendered in full satisfaction of the account must be sent to: Patient Financial Services PO Box 3904 Munster IN 46321.

For more information regarding our Helping Hand financial assistance program, please refer to the back of this statement.

Pay Your Bill Online. online.egs.com	
Billing Inquiries: Call 219-934-8888 or 800-210-9776	
Total Current Balance	\$2,802.38
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$2,802.38

PAY THIS AMOUNT:	\$2,802.38
-------------------------	-------------------

5/20/20 200.00
 \$ 563.50 2602.38

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	04/27/2020	05/18/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
01/30/2020		\$114.00		
04/21/2020			\$0.00	
04/21/2020			-\$51.55	
				\$62.45

5/01/20
5614

Total Charges:\$114.00
Insurance Payments/Adjustments:-\$51.55
Patient Payments/Adjustments:\$0.00

AMOUNT DUE: \$62.45

United Chicago Health System, Data Services Network, L.P. Box 74008021 Chicago, IL 60674-8602 1.844-576-4328

EXHIBIT C

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	01/25/2020	02/15/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
12/12/2019		\$114.00		
12/24/2019			\$0.00	
12/24/2019			-\$51.55	\$62.45

Total Charges:\$114.00
 Insurance Payments/Adjustments:-\$51.55
 Patient Payments/Adjustments:\$0.00

AMOUNT DUE \$62.45

Blue Cross of Illinois, Blue Cross of Illinois Network, P.O. Box 74009602, Chicago, IL 60674-3602 | 844-576-4328

EXHIBIT C

Account Number	Guarantor Name	myEasyMatch Code	Statement Date	Due Date
	Roula Xidias		04/26/20	05/16/20

Date	Description	Charges Provider	Charges	Credits	Balance
01/21/2020	Visit on 1/21/2020 with GUPTA, SHAILA B - Patient XIDIAS, ROULA		428.00		46.86
				(0.00)	
				(181.14)	
				(200.00)	
			428.00	(381.14)	46.86
					46.86

Totals:

Current Balance Due:

pd in
all
05/04/20
5618

MESSAGES:

Your account is seriously past due! Please remit payment of the patient balance today! If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Bill Online: www.comhs.org	
Total Balance	\$46.86
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$46.86

**PAY THIS
AMOUNT:**

\$46.86

EXHIBIT C

DATE	PATIENT	PROVIDER	CPT4	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS.	RECEIPT FROM PAT.	ADJUST.	INS BAL	PAT BAL
12/16/19	Roula	Leahy			\$402.40			\$277.16	\$0.00	\$125.24
Payment is due upon receipt. Thank you.										
<div style="position: absolute; top: 300px; right: 100px; text-align: right;"> Pd 02/07/20 Chk # 5577 </div>										
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> DUE FROM PATIENT \$125.24 </div>			
\$125.24	\$0.00	\$0.00	\$0.00	\$0.00	\$125.24					

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

EXHIBIT C

La Porte County EMS

809 State St., Suite 301A
 LA PORTE, IN 46350
 (219) 326-6808 (219) 325-5566
 Federal Tax ID:

Patient Name: Roula Xidias

Patient Number:

Call Number:

Date Of Call:

From Location: 3503N HWY 35

To Location: La Porte Hospital

Roula Xidias

HIGHLAND, IN 46322

Insurance: AMBETTER MARK

<u>DESCRIPTION OF CHARGES</u>	<u>UCCS</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Advanced Life Support			859.00	859.00
Ambulance Mileage Charge			12.00	54.00
PUBLIC OUTREACH FEE			2.00	2.00

Total Charges 915.00

Total Credits 0.00

PLEASE PAY THIS AMOUNT => \$915.00

 ^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: Xidias, Roula

Call Number:

Amount Due: \$915.00

Amount

Enclosed \$ _____

This account is now due. This invoice is for ambulance service provided to you. Please
 send your payment now or contact our office. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C

Have questions about your bill?
Call us 888-703-3301

XIDIAS, ROULA's Invoice
Invoice Number:

EMBCC
PATIENT SERVICES

BILL SUMMARY

Payment Due

Your insurance has been billed. Your balance is below.

Please pay

\$2,089.00

Statement Date

02/05/2020



Pay Online
(Recommended)

Visit: embcc.com
or scan this code from
your smartphone.



Call customer service to make a
payment or set up a payment plan.
888-703-3301

Detach payment coupon and submit
with a check or credit card information.

Our healthcare physicians and advanced practice providers are independent of the facility and bill separately for their services. This is not a balance bill. If you have insurance, this amount reflects your balance due after your insurance payment was applied, including any deductibles and copayments that are your responsibility.

This is a Bill for Services Provided by our Healthcare Providers at LA PORTE HOSPITAL

SELF PAY NO INS

CHARGES SUMMARY

11/11/2019
02/05/2020

\$2,089.00
\$2,089.00

EMBCC
PATIENT SERVICES

DO NOT mail payments or correspondence to this address
188 Caprice Ct
Castle Rock, CO 80109

☐ Has your insurance or patient information changed?
Please check this box and include any changes on the request form.



XIDIAS, ROULA

HIGHLAND, IN 46322-2335

If paying by credit, debit or flexible spending card, complete this section.			
Responsible Party: XIDIAS, ROULA		Account Number	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Card Number		Name on Card	
Signature		Exp. Date	Zip Code
\$2,089.00	STATEMENT DATE 02/05/2020	DUE DATE Due Now	AMOUNT ENCLOSED

Include your account number on checks payable to:

NORTH INDIANA EMERG PHYSICIANS LLP
PO BOX 731584
DALLAS, TX 75373-1584

EXHIBIT C

RADIOLOGY INC
620 W. EDISON
MISHAWAKA IN 465452784
574-258-1100

Patient:

Acct #:
XXXXXX XXXXX

MIGNIANO, IN 46322

Responsible party:

XIDIAS, ROULA

MIGNIANO, IN 46322

Srvc. Date Modifier(s)	Procedure Description Diagnosis Code(s)	Location	Charge	Balance	Physician
11/11/2019			\$41.13	\$12.11	BOSMAN, SUZANNE ALLISON
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$29.02 AM Better Insurance Payment: 12/16/2019 of \$0.00 Adjustment: \$0					
11/11/2019			\$41.13	\$12.11	BOSMAN, SUZANNE ALLISON
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$29.02 AM Better Insurance Payment: 12/16/2019 of \$0.00 Adjustment: \$0					
11/11/2019			\$200.53	\$0.00	AHMAD, IRFAN
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0.00 Insurance Payment: 12/23/2019 of \$170.45 Adjustment: \$30.08 Erie Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0					
11/11/2019			\$272.51	\$0.00	AHMAD, IRFAN
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0.00 Insurance Payment: 12/23/2019 of \$231.63 Adjustment: \$40.88 Erie Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0					
11/11/2019			\$287.94	\$84.08	BOSMAN, SUZANNE ALLISON
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$203.86 AM Better Insurance Payment: 12/16/2019 of \$0.00 Adjustment: \$0					
11/11/2019			\$285.22	\$0.00	PILLAI, KRISHNA R
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0 Insurance Payment: 12/30/2019 of \$243.29 Adjustment: \$0 Erie Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0 Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$42.93 Erie Insurance					
11/11/2019			\$479.19	\$0.00	AHMAD, IRFAN
Payment Information Insurance Payment: 11/29/2019 of \$0.00 Adjustment: \$0 Insurance Payment: 12/23/2019 of \$407.31 Adjustment: \$71.86 Erie Insurance Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0					
11/11/2019			\$293.08	\$0.00	BOSMAN, SUZANNE ALLISON

EXHIBIT C

Payment Information

Insurance Payment: 12/18/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/16/2020 of \$249.12 Adjustment: \$43.96 Erie Insurance
Insurance Payment: 01/22/2020 of \$0.00 Adjustment: \$0

11/19/2019

\$52.70

\$0.00

BOSMAN, SUZANNE ALLISON

Payment Information

Insurance Payment: 12/11/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/08/2020 of \$44.80 Adjustment: \$7.90 Erie Insurance
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

TOTAL BALANCE: \$108.30

Print Date: 02/26/2020



ECC Payment Log
Exposure: MedPay

Paid: \$5,000

Claimant: ROULA XIDIAS

Event Date	Payee Name	Insured Name	Event Description	Event Amount	Event Date	Event Date	Event Date
1/23/20	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	\$5,252.72	ROULA XIDIAS	11/11/19	11/12/19
12/18/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$608.38	ROULA XIDIAS	11/11/19	11/11/19
12/24/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$245.28	ROULA XIDIAS	11/11/19	11/11/19
12/30/19	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	\$400.85	ROULA XIDIAS	11/19/19	11/19/19
1/8/20	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$14.83	ROULA XIDIAS	11/19/19	11/19/19
1/15/20	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$248.12	ROULA XIDIAS	11/11/19	11/11/19

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	565.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	24,363.51
La Porte Physician Joseph Venditi, MD	11/11/19	300.00
Lake Porter Cardiovascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		<u>27,192.58</u> TOTAL

La Porte County EMS

809 State St., Suite 301A
 LA PORTE, IN 46350
 (219) 326-6808 (219) 325-5566
 Federal Tax ID:

Patient Name: Angelo Xidias

Patient Number

Call Number

Date Of Call

From Location: 3883 N. US Hwy 35

To Location: La Porte Hospital

Angelo Xidias

HIGHLAND, IN 46322

Insurance:

<u>DESCRIPTION OF CHARGES</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Basic Life Support	1.0	598.00	598.00
BLS Mileage	4.5	12.00	54.00
PUBLIC OUTREACH FEE	1.0	2.00	2.00

Total Charges **654.00**

Total Credits **0.00**

PLEASE PAY THIS AMOUNT => \$654.00

 ^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Amount Due: \$654.00

Amount

Patient Name: Xidias, Angelo
 Patient Number:

Call Number: 199

Current Date: 01/06/2020

Enclosed \$ _____

**THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.
 > PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
 DISREGARD THIS STATEMENT. THANK YOU.**

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C

Transaction Totals by Date Report

Page 1 of 1

Report Settings	
Account:	XIDIAS,ANGELO
Submission Information	
User:	[103502]
Time:	Wed Feb 5, 2020 12:36 PM

Transaction Information				
		Service Date From	Service Date To	Total Amount
		11/01/2019	12/31/2019	300.00
Charges				
Tx #	Procedure	Service Provider	Date	Amount
		Joseph Venditti, MD [10...	11/11/2019	300.00
			12/26/2019	179.03
			12/26/2019	120.97
Payments		Matched to charges		179.03
Adjustments		Matched to charges		120.97

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.

Professional Billing

2/5/2020 12:36:42 PM

EXHIBIT C

IN La Porte Hospital**Itemized Statement
Of All Charges****DATE OF BILL**

02/20/20

PAGE NO.

1

Patient Name	Patient Number	Date Of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO			11/11/2019	11/13/19

Guarantor Name And Address	XIDIAS, ANGELO			
	Highland	IN	463222335	

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/13/2019			1.00	2144.38	2144.38
11/12/2019			1.00	2144.38	2144.38
					4288.76
11/12/2019			1.00	1.00	1.00
11/13/2019			1.00	1.00	1.00
11/11/2019			1.00	58.73	58.73
11/12/2019			1.00	3.57	3.57
11/13/2019			2.00	3.57	7.14
11/13/2019			1.00	3.57	3.57
11/13/2019			1.00	3.57	3.57
11/13/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/13/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/12/2019			1.00	3.57	3.57
11/12/2019			1.00	58.73	58.73
11/13/2019			1.00	58.73	58.73
					210.32
11/11/2019			75.00	3.18	238.50
					238.50
11/11/2019			1.00	221.95	221.95
11/12/2019			1.00	221.95	221.95
					443.90
11/12/2019			1.00	36.04	36.04
11/11/2019			1.00	36.04	36.04
					72.08
11/11/2019			1.00	178.08	178.08
11/11/2019			1.00	288.32	288.32
11/12/2019			1.00	288.32	288.32
11/11/2019			1.00	102.82	102.82

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

PATIENT NUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT
POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO
NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT
DUE

0.00

EXHIBIT C

IN La Porte Hospital**Itemized Statement
Of All Charges**

DATE OF BILL

02/20/20

PAGE NO.

2

Patient Name	Patient Number	Date Of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO			11/11/2019	11/13/19

Guarantor Name And Address	XIDIAS, ANGELO Highland IN 463222335
----------------------------	---

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/11/2019			1.00	272.00	272.00
11/12/2019			1.00	272.00	272.00
					1401.54
11/11/2019			1.00	193.98	193.98
11/12/2019			1.00	193.98	193.98
					387.96
11/11/2019			1.00	122.96	122.96
					122.96
11/11/2019			1.00	312.70	312.70
					312.70
11/11/2019			1.00	252.28	252.28
					252.28
11/11/2019			1.00	2237.66	2237.66
					2237.66
11/11/2019			1.00	2517.50	2517.50
11/11/2019			1.00	2517.50	2517.50
11/11/2019			1.00	2237.66	2237.66
					7272.66
11/12/2019			1.00	87.98	87.98
					87.98
11/12/2019			1.00	0.01	0.01
11/12/2019			1.00	0.01	0.01
11/12/2019			1.00	0.01	0.01
					0.03
11/12/2019			1.00	469.58	469.58
					469.58
11/12/2019			1.00	0.01	0.01
11/12/2019			1.00	0.01	0.01

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

PATIENT NUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT
POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO
NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT
DUE

0.00

EXHIBIT C

IN La Porte Hospital**Itemized Statement
Of All Charges**

DATE OF BILL

02/20/20

PAGE NO.

3

Patient Name	Patient Number	Date Of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO			11/11/2019	11/13/19

Guarantor Name And Address	XIDIAS, ANGELO Highland IN 463222335			
----------------------------	---	--	--	--

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/12/2019			1.00	0.01	0.01
					0.03
11/12/2019			1.00	469.58	469.58
					469.58
11/11/2019			1.00	214.12	214.12
11/11/2019			1.00	2221.76	2221.76
					2435.88
11/11/2019			1.00	2326.69	2326.69
					2326.69
11/11/2019			1.00	444.14	444.14
11/11/2019			1.00	444.14	444.14
11/12/2019			1.00	444.14	444.14
Total Charge Amount					1332.42

SUMMARY OF CHARGES

TOTAL CHARGES	24363.51
TOTAL PAYMENTS	-3124.93
TOTAL PATIENT PAYMENTS	0.00
TOTAL ADJUSTMENTS	-21238.58
TOTAL AMOUNT DUE	0.00
BAD DEBT BALANCE	0.00

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

PATIENT NUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT
POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO
NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT
DUE

0.00

EXHIBIT C



ECC Payment Log
Exposure: MedPay

Paid: \$5,688

Claimant: ANGELO XIDIAS

Check Number	Check Date	Payment To	Beneficiary Name	Contribution	Check Amount	Check Date	Check Number	Check Amount	Check Date
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19
12/10/19	12/10/19	LAKE PORTER CARDIOVASCULAR	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19
12/27/19	12/27/19	LA PORTE CLINIC COMPANY LLC	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19
1/9/20	1/9/20	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments		11/11/19	ANGELO XIDIAS	11/11/19	11/11/19



Branch Office • One Parkwood • 250 E. 96th Street • Suite 500 • Indianapolis, IN • 46240-3762 • 317.848.3420 • Toll free 1.800.624.1620
 Fax 800.535.4691 • Mail Address: P.O. Box 80129 • Indianapolis, IN 46280-0129 • www.erieinsurance.com

Erie Insurance Group		Total Loss Report	
Claim #		Loss Date: 11/11/19	
Owner: Angelo Xidias		Material Damage Adjuster: Velena Preston	
Address:		Adjuster Phone # 317-571-6347	
Highland, IN 46322			
Year: 2008	Make: HOND	Model: RIDGELINE	VIN #
Towing Charge:		Daily Storage:	Erie will pay storage until:
Salvage Bids If Owner Retained			
Salvage Bidder: METRO (ART)		Bid Date: 12/10/2019	Bid Amount: \$1,275.00
Salvage Bidder: COPART		Bid Date: 12/10/2019	Bid Amount: \$1,298.00
Highest Bid Amount: \$1,298.00			
Settlement Details			
Market Value	\$7,706.00		
Prior Damage			
Other Adjustments	\$200.00		
Actual Cash Value	\$7,906.00		
Tax Type	state		
% Tax	7.000%		
Tax Amount	\$553.42		
State Fees	\$24.50		
Gross Settlement	\$8,483.92		
Deductible	\$500.00		
Net Settlement	\$7,983.92		
Settlement Adjustments			
Total Amount Owed	\$7,983.92		
Date of This Report: 12/17/19			
cc: File			
<u>Please contact your ERIE agent promptly to discuss state specific registration issues and coverage changes that might apply given the total loss of your vehicle.</u>			

20218 - LAPORTE MAIN MUFFLER

Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Withholding Taxes					Deductions		Net Pay
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
Work Location: Business Location Department:													
XIDIAS, ANGELO P													
01/02/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
01/02/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
01/09/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
01/09/19		0.0000	0.0000	563.07	0.00	563.07	34.91	8.16	0.00	0.00	0.00	0.00	520.00
01/16/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
01/16/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
01/23/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
01/23/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
01/30/19		0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.00
01/30/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
01/31/20		200.0000	0.0000	6,472.65	0.00	6,472.65	0.00	0.00	0.00	155.30	72.10	0.00	5,420.50
02/06/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
02/06/19		0.0000	0.0000	563.09	0.00	563.09	34.92	8.17	0.00	0.00	0.00	0.00	520.00
02/13/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
02/13/19		0.0000	0.0000	227.39	0.00	227.39	14.09	3.30	0.00	0.00	0.00	0.00	210.00
02/20/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
02/20/19		0.0000	0.0000	227.39	0.00	227.39	14.10	3.29	0.00	0.00	0.00	0.00	210.00
02/27/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
02/27/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
02/29/20		160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
03/06/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
03/06/19		0.0000	0.0000	563.07	0.00	563.07	34.91	8.16	0.00	0.00	0.00	0.00	520.00
03/13/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
03/13/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
03/20/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
03/20/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
03/27/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
03/27/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
03/31/20		160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
03/31/20		520.0000	0.0000	16,963.19	0.00	16,963.19	0.00	0.00	0.00	403.78	187.46	0.00	14,217.30

Work Location: Business Location
Department:

20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Withholding Taxes					Deductions		Net Pay
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
04/03/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
04/03/19		0.0000	0.0000	227.39	0.00	227.39	14.10	3.29	0.00	0.00	0.00	0.00	210.00
04/10/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
04/10/19		0.0000	0.0000	563.08	0.00	563.08	34.91	8.17	0.00	0.00	0.00	0.00	520.00
04/17/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
04/17/19		0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
04/24/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
04/24/19		0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.00
04/30/20		160.0000	0.0000	5,245.25	0.00	5,245.25	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
05/01/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
05/01/19		0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
05/08/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
05/08/19		0.0000	0.0000	604.66	0.00	604.66	37.49	8.77	21.62	18.29	8.49	0.00	510.00
05/15/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
05/15/19		0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
05/22/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
05/22/19		0.0000	0.0000	249.01	0.00	249.01	15.44	3.61	0.00	6.80	3.16	0.00	220.00
05/29/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
05/29/19		0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
05/31/20		200.0000	0.0000	6,566.46	0.00	6,566.46	0.00	0.00	0.00	199.68	92.72	0.00	5,420.50
06/05/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
06/05/19		0.0000	0.0000	237.60	0.00	237.60	14.74	3.44	0.00	6.43	2.99	0.00	210.00
06/12/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
06/12/19		0.0000	0.0000	617.54	0.00	617.54	38.28	8.96	22.91	18.70	8.69	0.00	520.00
06/19/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
06/19/19		0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
06/26/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
06/26/19		0.0000	0.0000	617.55	0.00	617.55	38.29	8.96	22.91	18.70	8.69	0.00	520.00
06/28/19		0.0000	0.0000	10,832.57	0.00	10,832.57	671.62	157.07	1,322.58	344.51	159.99	0.00	8,176.80
06/30/20		160.0000	0.0000	16,542.85	0.00	16,542.85	0.00	0.00	0.00	519.01	241.03	0.00	12,885.20
06/30/20		520.0000	0.0000	28,354.56	0.00	28,354.56	0.00	0.00	0.00	842.93	391.43	0.00	22,704.10
07/03/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
07/03/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
07/03/19		40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10

EXHIBIT F

by ERIKA on 07/08/20 at 2:23 PM

20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Withholding Taxes					Deductions		Net Pay
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
	07/03/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
	07/31/20	120.0000	0.0000	3,712.78	0.00	3,712.78	0.00	0.00	0.00	112.47	52.23	0.00	3,066.30
	08/14/19	0.0000	0.0000	335.69	0.00	335.69	20.82	4.87	0.00	0.00	0.00	0.00	310.00
	08/31/20	0.0000	0.0000	335.69	0.00	335.69	0.00	0.00	0.00	0.00	0.00	0.00	310.00
	09/11/19	0.0000	0.0000	351.72	0.00	351.72	21.80	5.10	0.00	10.12	4.70	0.00	310.00
	09/30/20	0.0000	0.0000	351.72	0.00	351.72	0.00	0.00	0.00	10.12	4.70	0.00	310.00
	09/30/20	120.0000	0.0000	4,400.19	0.00	4,400.19	0.00	0.00	0.00	122.59	56.93	0.00	3,686.30
	10/09/19	0.0000	0.0000	283.25	0.00	283.25	17.56	4.11	0.00	7.91	3.67	0.00	250.00
	10/16/19	0.0000	0.0000	283.25	0.00	283.25	17.57	4.10	0.00	7.91	3.67	0.00	250.00
	10/23/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
	10/23/19	0.0000	0.0000	393.41	0.00	393.41	24.39	5.70	34.71	12.71	5.90	0.00	310.00
	10/30/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
	10/31/20	0.0000	0.0000	1,588.05	0.00	1,588.05	0.00	0.00	0.00	48.81	22.66	0.00	1,310.00
	11/06/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
	11/13/19	0.0000	0.0000	314.06	0.00	314.06	19.48	4.54	25.19	10.14	4.71	0.00	250.00
	11/13/19	0.0000	0.0000	393.42	0.00	393.42	24.39	5.71	34.71	12.71	5.90	0.00	310.00
	11/30/20	0.0000	0.0000	1,021.55	0.00	1,021.55	0.00	0.00	0.00	32.99	15.32	0.00	810.00
	12/18/19	0.0000	0.0000	4,019.59	0.00	4,019.59	249.22	58.29	21.96	129.83	60.29	0.00	3,500.00
	12/31/20	0.0000	0.0000	4,019.59	0.00	4,019.59	0.00	0.00	0.00	129.83	60.29	0.00	3,500.00
	12/31/20	0.0000	0.0000	6,629.19	0.00	6,629.19	0.00	0.00	0.00	211.63	98.27	0.00	5,620.00
	12/31/20	1,160.0000	0.0000	56,347.13	0.00	56,347.13	0.00	0.00	0.00	1,580.93	734.09	0.00	46,227.70

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20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

Company Totals

	January	February	March	QTD	April	May	June	QTD	YTD
Regular Hours	200.0000	160.0000	160.0000	520.0000	160.0000	200.0000	160.0000	520.0000	1,160.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	56,347.13
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	56,347.13
FICA-SS	401.30	325.21	325.21	1,051.72	325.20	407.12	1,025.66	1,757.98	3,493.53
FICA-MED	93.85	76.06	76.06	245.97	76.05	95.22	239.87	411.14	817.04
Federal W/H	329.60	263.68	263.68	856.96	263.68	351.22	1,632.08	2,246.98	3,493.84
State W/H	155.30	124.24	124.24	403.78	124.24	199.68	519.01	842.93	1,580.93
Local W/H	72.10	57.68	57.68	187.46	57.68	92.72	241.03	391.43	734.09
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	5,420.50	4,398.40	4,398.40	14,217.30	4,398.40	5,420.50	12,885.20	22,704.10	46,227.70
Regular Hours	120.0000	0.0000	0.0000	120.0000	0.0000	0.0000	0.0000	0.0000	1,160.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
FICA-SS	230.19	20.82	21.80	272.81	98.46	63.34	249.22	411.02	3,493.53
FICA-MED	53.83	4.87	5.10	63.80	23.03	14.81	58.29	96.13	817.04
Federal W/H	197.76	0.00	0.00	197.76	85.09	85.09	21.96	192.14	3,493.84
State W/H	112.47	0.00	10.12	122.59	48.81	32.99	129.83	211.63	1,580.93
Local W/H	52.23	0.00	4.70	56.93	22.66	15.32	60.29	98.27	734.09
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	3,066.30	310.00	310.00	3,686.30	1,310.00	810.00	3,500.00	5,620.00	46,227.70

10214 - LAPORTE APEX MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Withholding Taxes				Deductions		Net Pay	
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H		Amount
Work Location: Business Location Department:													
XIDIAS, ROULA A													
01/02/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
01/09/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
01/16/19		25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
01/23/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
01/30/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
01/31/20		125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
02/06/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
02/13/19		25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
02/20/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
02/27/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
02/29/20		100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
03/06/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
03/13/19		25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
03/20/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
03/27/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
03/31/20		100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
03/31/20		325.0000	0.0000	2,356.25	0.00	2,356.25	0.00	0.00	0.00	76.05	35.36	0.00	2,064.58
04/03/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
04/10/19		25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
04/17/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
04/24/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
04/30/20		100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
05/01/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
05/08/19		25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
05/15/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
05/22/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
05/29/19		25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81

Work Location: Business Location
 Department:

10214 - LAPORTE APEX MUFFLER

Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Clock #	Date	Hours		Earnings		Withholding Taxes					Deductions		Net Pay
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
	05/31/20	125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
	06/05/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	06/12/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	06/19/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
	06/26/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	06/28/19	0.0000	0.0000	4,958.56	0.00	4,958.56	307.43	71.90	444.69	160.16	74.38	0.00	3,900.00
	06/30/20	100.0000	0.0000	5,683.56	0.00	5,683.56	0.00	0.00	0.00	183.56	85.26	0.00	4,535.26
	06/30/20	325.0000	0.0000	7,314.81	0.00	7,314.81	0.00	0.00	0.00	236.21	109.74	0.00	5,964.59
	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
	07/31/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	07/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
	08/07/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	08/14/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	08/21/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	08/28/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	08/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
	09/04/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
	09/11/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	09/18/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	09/25/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	09/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
	09/30/20	300.0000	0.0000	2,175.00	0.00	2,175.00	0.00	0.00	0.00	70.20	32.64	0.00	1,905.77
	10/02/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
	10/09/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
	10/16/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
	10/23/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99
	10/30/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	10.82	5.85	2.72	0.00	148.00
	10/30/19	0.0000	0.0000	1,378.05	0.00	1,378.05	85.44	19.98	207.45	44.51	20.67	0.00	1,000.00

10214 - LAPORTE APEX MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes				Deductions		Net Pay
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
	10/31/20	125.0000	0.0000	2,284.30	0.00	2,284.30	0.00	0.00	0.00	73.76	34.27	0.00	1,772.44
	11/06/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99
	11/13/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99
	11/30/20	50.0000	0.0000	362.50	0.00	362.50	0.00	0.00	0.00	11.70	5.44	0.00	295.98
	12/18/19	0.0000	0.0000	2,940.00	0.00	2,940.00	182.28	42.63	576.03	94.96	44.10	0.00	2,000.00
	12/31/20	0.0000	0.0000	2,940.00	0.00	2,940.00	0.00	0.00	0.00	94.96	44.10	0.00	2,000.00
	12/31/20	175.0000	0.0000	5,586.80	0.00	5,586.80	0.00	0.00	0.00	180.42	83.81	0.00	4,068.42
	12/31/20	1,125.0000	0.0000	17,432.86	0.00	17,432.86	0.00	0.00	0.00	562.88	261.55	0.00	14,003.36

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10214 - LAPORTE APEX MUFFLER

Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

Company Totals

	January	February	March	QTD	April	May	June	QTD	YTD
Regular Hours	125.0000	100.0000	100.0000	325.0000	100.0000	125.0000	100.0000	325.0000	1,125.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	17,432.86
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	17,432.86
FICA-SS	56.19	44.95	44.95	146.09	44.95	56.19	352.38	453.52	1,080.84
FICA-MED	13.14	10.51	10.52	34.17	10.51	13.14	82.41	106.06	252.78
Federal W/H	0.00	0.00	0.00	0.00	0.00	0.00	444.69	444.69	1,271.45
State W/H	29.25	23.40	23.40	76.05	23.40	29.25	183.56	236.21	562.88
Local W/H	13.60	10.88	10.88	35.36	10.88	13.60	85.26	109.74	261.55
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	794.07	635.26	635.25	2,064.58	635.26	794.07	4,535.26	5,964.59	14,003.36
YTD									
Regular Hours	100.0000	100.0000	100.0000	300.0000	125.0000	50.0000	0.0000	175.0000	1,125.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	17,432.86
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	17,432.86
FICA-SS	44.95	44.95	44.95	134.85	141.62	22.48	182.28	346.38	1,080.84
FICA-MED	10.51	10.52	10.51	31.54	33.12	5.26	42.63	81.01	252.78
Federal W/H	0.00	0.00	0.00	0.00	229.09	21.64	576.03	826.76	1,271.45
State W/H	23.40	23.40	23.40	70.20	73.76	11.70	94.96	180.42	562.88
Local W/H	10.88	10.88	10.88	32.64	34.27	5.44	44.10	83.81	261.55
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	635.26	635.25	635.26	1,905.77	1,772.44	295.98	2,000.00	4,068.42	14,003.36



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Facsimile: 219.865.5839

July 10, 2020

Via UPS Overnight
Ms. Trina Y. Webb
Tort Claims Coordinator
United States Postal Service - Claims
Greater Indiana District Office
3939 Vincennes Road
Indianapolis, IN 46298-9361

RE: Update of Damages Claims by Mr. & Mrs. Xidias
USPS File No. 460-20-0045-5308A
Vehicle Accident
Claimants: ROULA XIDIAS & ANGELO XIDIAS
DOL: November 11, 2019

Dear Ms. Webb:

Please allow this to serve as an amended Claim for Mr. and Mrs. Xidias to replace my letter to you dated July 9, 2020.

Again, I enjoyed our discussion the other day and thank you for taking time out of your busy schedule to speak with me. This correspondence shall serve as an amended Claim update to Roula and Angelo Xidias' damage claims when they were struck by an out-of-control postal vehicle which had crossed over the median-center line striking the Honda Ridgeline they were traveling in. The accident occurred on November 11, 2019. I include a copy of the Indiana Officer's Standard Crash Report and photos (**Exhibit A**) providing additional detail as to the negligence of the USPS driver and the exact location of the accident. A list of known witnesses is also included (**Exhibit B**). If necessary, the Xidias' treating health care providers are also possible witnesses in this matter.

The Xidias' are still under the care and treatment of their respective health care providers. Due to the unfortunate consequences stemming from COVID-19 which included no doctor visits unless there existed an emergency, their consultations and treatment regimens have suffered several months of interruption, as their doctors' offices were not open to treat them. Both are back in treatment.

Both Roula and Angelo are under the care and treatment of their neurologist, Dr. Shaila Gupta, M.D. As to **Roula**, she continues to have low back pain with radiating numbness into both of her legs, bilateral shoulder pain, headaches, sleep interruption and signs of PTSD (repeated reliving of the accident during wakeful hours and recurrent nightmares). She remains fearful of being in a vehicle. With the breaking of COVID-19 for doctor visits, Roula has returned to conservative physical therapy treatment. Roula has undergone an EMG/NCV study which indicates L5 involvement. Dr. Gupta has recommended MRI testing follow-up, but Roula's insurance (Ambetter) had not cleared her for this test on two separate

Page 2

occasions. However, now, she is scheduled for MRI on July 22, 2020 and we await the results of that test. I am appending to this information packet (**Exhibit C**), an Excel spreadsheet containing known and available medical expenses incurred by Roula. We await billings from the hospital where Roula was admitted for 3-days immediately following the accident and those are not yet included in the spreadsheet.

As to **Angelo**, he too remains under the care and treatment of Dr. Gupta, M.D. Like his wife, Angelo has been able to finally return to physical therapy recently. Angelo continues to suffer low back pain with numbness radiating primarily to his right leg, right arm pain, injury bilaterally to both hands with numbness and pain along with general head pain accompanied by headaches. I am appending to this information packet (**Exhibit C**), an Excel spreadsheet containing known and available medical expenses incurred by Angelo.

In terms of lost wages, Angelo Xidias had been the manager of Main Muffler & Brake located in LaPorte, IN. Angelo was paid a weekly salary _____ and weekly bonus _____ prior to the accident date. His combined weekly total is _____. He has been off work since the date of the accident which through the beginning of July is [35 weeks x _____. Roula Xidias is an office assistant at Main Muffler & Brake and worked on average between 20 – 30 hours per week and earned the federal minimum wage of _____. Assuming a mid-point of 25 hours per week. She has been off work since the date of the accident which through the beginning of July is [35 weeks x 25 hours/week x _____ hour = _____. Of course, neither Roula nor Angelo have been released to return to work as of yet, so these lost wages will continue until such time as they are physically able to return to their jobs. Attached is an Employee Statement of Wage for Roula and Angelo (**Exhibit E**).

In terms of property damage, the 2008 Honda Ridgeline damage was calculated by Erie Insurance at _____. The vehicle was declared a “total loss” so there are no repair estimates, just a fair market evaluation of the value of this truck. I have included that Report from Erie Insurance (**Exhibit D**) in this packet as well. Angelo is himself a car mechanic, had taken excellent care of the Honda Ridgeline and enjoyed driving same.

TOTAL DAMAGES AT THIS TIME*

\$20,989.60	Roula Xidias known medical bills
\$27,192.58	Angelo Xidias known medical bills
\$24,759.70	Angelo Xidias lost wages
\$ 6,431.25	Roula Xidias lost wages
\$ 8,483.92	Property Damages
<u>\$87,857.05</u>	TOTAL KNOWN DAMAGES TO DATE

*Understanding that both Roula and Angelo Xidias are still under their doctor’s supervision and are continuing to treat, so there will be additional medical bills/expenses to come.



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TOTAL FUTURE DAMAGES PROJECTED

\$15,000.00	Roula's future projected medical bills
<u>\$12,000.00</u>	Angelo's future projected medical bills
<u>\$27,000.00</u>	TOTAL FUTURE DAMAGES PROJECTED

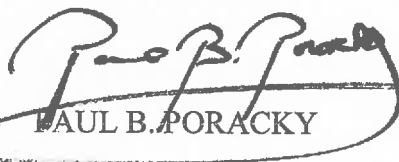
SUM CERTAIN

\$ 87,857.05
<u>\$ 27,000.00</u>
<u>\$114,857.05</u> SUM CERTAIN

I look forward to hearing from you.

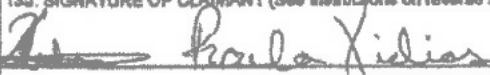
Very truly yours,

KORANSKY, BOUWER & PORACKY, P.C.

BY:  PAUL B. PORACKY

PBP/sd

Enclosures as noted

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: United States Postal Service Tort Claim Coordinator 3939 Vincennes Road Indianapolis, IN 46298			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse) Number, Street, City, State and Zip code. Angelo P. Xidias & Roula Xidias 9455 Parkway Drive Highland, IN 46322		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 1949	5. MARITAL STATUS married	6. DATE AND DAY OF ACCIDENT 11-11-2019	
				7. TIME (A.M. OR P.M.) 7:44 AM	
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Mr. Angelo Xidias, along with his wife (Roula Xidias) were traveling southbound on US Hwy 35. Ms. Evans (postal employee) was traveling northbound on US Hwy 35. Evans lost control of her vehicle, crossed the center line (a total of 4 lanes) and struck the Xidias' vehicle. A third car behind Xidias could not avoid crashing into the rear-end portion of the Xidias' vehicle due to the collision, stopping the Xidias' vehicle. Ms. Evans negligence caused a three vehicle accident. IN Officer's Standard Crash Report is attached as Exhibit A.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side) The Xidias's Silver 2008 Honda Ridgeline PK was totaled. Erie Insurance's "Total Loss" Report is attached as Exhibit D. A total lost wages is attached in Attorney Poracky's letter to Webb and is attached.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Ms. Evans, Mr. Xidias and Mrs. Xidias were transferred by ambulance to a local area hospital. The Xidias's continue their ongoing medical treatment and said treatment is anticipated to cost \$27,000.00. Exhibit C is attached and shows medical billing costs thus far.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Please see attached Exhibit B.		See Indiana Officer's Standard Crash Report attached as Exhibit A.			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE \$8,483.92		12b. PERSONAL INJURY \$106,373.13		12c. WRONGFUL DEATH N/A	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$114,857.05	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). 				13b. PHONE NUMBER OF PERSON SIGNING FORM Attorney Poracky: 219.865.6700	
14. DATE OF SIGNATURE 07-09-20					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

Electronic Version

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Local ID

201900149025

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Driver Contributing	Circumstances	Vehicle Contributing	Circumstances	Environment Contributing	Circumstances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcoholic Beverages	<input type="checkbox"/>	Engines Failure or Defective	<input type="checkbox"/>	Glare
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Illegal Drugs	<input type="checkbox"/>	Accelerator Failure or Defective	<input checked="" type="checkbox"/>	Roadway Surface
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescription Drugs	<input type="checkbox"/>	Brake Failure or Defective	<input checked="" type="checkbox"/>	Holes/Ruts in Surface
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver Asleep or Fatigued	<input type="checkbox"/>	Tire Failure or Defective	<input type="checkbox"/>	Shoulder Defective
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver Illness	<input type="checkbox"/>	Headlight(s) Defective or Not On	<input type="checkbox"/>	Road Under Construction
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Speed	<input type="checkbox"/>	Other Lights Defective	<input type="checkbox"/>	Severe Crosswinds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure to Yield	<input type="checkbox"/>	Steering Failure	<input checked="" type="checkbox"/>	Obstruction Not Marked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disregard Signal	<input type="checkbox"/>	Window/Windshield Defective	<input type="checkbox"/>	Lane Marking Obscured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left of Center	<input type="checkbox"/>	Oversize/Overweight Load	<input type="checkbox"/>	View Obstructed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Passing	<input type="checkbox"/>	Insecure/Loose Load	<input type="checkbox"/>	Animal/Object in Roadway
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Turning	<input checked="" type="checkbox"/>	Tow Hitch Failure	<input type="checkbox"/>	Traffic Ctl Inop/Missing/Obscured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Improper Lane Usage	<input type="checkbox"/>	Other	<input type="checkbox"/>	Utility Work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Following Too Closely	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Backing	<input type="checkbox"/>	None	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overcorrecting	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Run off Road	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrong Way on One Way	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pedestrian's Action	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger Distraction	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restriction Violation	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jackknifing	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone Usage	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Telemetics	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver Distracted	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speed/Weather Conditions	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Lane Movement	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>		<input type="checkbox"/>	

Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DAYLIGHT
Weather Conditions	SNOW
Surface Condition	SNOW/SLUSH
Type of Median	
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	ASPHALT
Construction	If Yes, Construction Type
NO	
Traffic Control Devices	
LANE CONTROL	
Traffic Control Device Operational?	NA
Was this crash the result of aggressive driving?	NO

Total Estimate of all damage in the Crash:

\$25001 TO \$50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant			Non-Motorist	
<input type="checkbox"/> Witness	#	Name	(Last Name, First Name, MI)	
<input type="checkbox"/> Other Participant			Non-Motorist Type	Non-Motorist Action
Address etc.			Apparent Physical Condition	
Phone #	Location at Time of Crash		Cited?	Direction
<input type="checkbox"/> Witness	#	Name	Street/Highway	
<input type="checkbox"/> Other Participant				
Address etc.			Traffic Control?	
Phone #	Location at Time of Crash		If yes, was traffic control operational?	

EXHIBIT A

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Local ID
201900149025**Type of
Crash** RIGHT ANGLE

Time Notified 7:48 AM	Time Arrived 7:55 AM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer CAPTAIN SMYTHE		ID No. 07	Agency LAPORTE SD	Investigation Complete? YES	Photos Taken? YES
Assisting Officer		ID No.	Agency	Date of Report 11/11/2019	
Investigating Officer PISOWICZ, J		ID No. 048	Agency LAPORTE SD	Reviewing Officer SGT J BURGER	

Narrative

Upon my arrival to the scene, D1 was still in V1. She appeared to be in and out of consciousness. Due to the severity of D1's injuries, I was unable to get a statement. D1 was transported to LaPorte Hospital via LaPorte County EMS.

D2 stated he was traveling southbound on US Highway 35, in the approximate 3800 North block, when he observed V1 start to fishtail. D2 explained V1 was traveling northbound on US 35. D2 advised V1 crossed left of center and slid sideways into his travel lane. D2 stated, due to the snow/slush covered asphalt, he was unable to slow or stop. D2 stated he struck the driver's side of V1 (USPS truck). After doing so, D2 stated V3 (behind him) struck the passenger side of his vehicle.

D2 complained of chest, neck, and head pain and was transported via LaPorte County EMS to LaPorte Hospital for treatment. D2's passenger also complained of chest pain and was transported to LaPorte Hospital.

D3 stated she was traveling southbound on US 35, behind V2, when she observed V1 cross left of center and into their lane. D3 stated V2 struck V1 which led to her striking the passenger side of V2. D3 stated there was no time for V2 or herself to avoid the crash. D3 stated she was uninjured.

I observed V1's tire marks (in the snow-covered roadway) clearly indicating it had started to fishtail and crossed into the southbound lanes. Digital photographs were taken of the scene and will be submitted.

After clearing the scene, I traveled to LaPorte Hospital. Upon arrival, I was advised by Emergency Room staff D1 had been intubated and possibly sustained internal injuries. They stated she would possibly be flown out, due to the severity of her injuries.

A short while later, I traveled back to the hospital where I was informed D1 was transferred to South Bend Memorial Hospital for treatment.

EXHIBIT A

UNIT INFORMATION

903482510

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Local ID 201900148025		Driver's Name (Last, First, MI) 1 EVANS, LINDA, R		Safety Equipment Used LAP + HARNESS	
Address (Street, City, State, Zip)		Safety Equipment Effective? YES		Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 977	Age 42	Gender FEMALE	EMS No. 0667	Injured Attn YES	Driver Injury Status INCAPACITATING - TRANSPORTED
Driver's License #	Lic Type OP	CDL Class	Lic State IN	Nature of Most Severe Injury INTERNAL	
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tefrom Employment		Location of Most Severe Injury ABDOMEN/PELVIS	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 1	Color WHITE	Vehicle Year 1988	Make CHEVROLET	Model SML CNV CAB 4X2-	Style PD
# Occupants 1	Lic Year 0000	Licenses # NONE	License State US		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown
# Axles 2	Speed Limit 55	Insured By UNKNOWN	Phone Number		Front <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vehicle Identification#		Registered Owner's Name (Last, First, MI) US POSTAL SERVICE		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Address (Street, City, State, Zip) 303 WASHINGTON STREET		IN 46360		Vehicle Use OTHER GOVERNMENT (POSTAL, ETC.)	
Towed? YES	To MICHIGAN CITY	Due to Disabling Damage YES		Emergency Run? NO	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) Same as Driver		Vehicle Type VAN	
Address (Street, City, State, Zip)		Pre-Crash Vehicle Action DRIVING LEFT OF CENTER		Direction of Travel NORTH	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) Same as Driver		Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier	
Address (Street, City, State, Zip)		Commercial Vehicle: Carrier's Name and Address 1 UNITED STATES POSTAL SERVICE		<input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp	
303 WASHINGTON STREET		IN 46360		Event Collision With 1. ANOTHER MOTOR VEHICLE	
HAZMAT Proper Shipping Name:		State DOT#			
US DOT#	ICC#	CMV Inspection	If Yes		
Gross Vehicle Weight Rating LESS THAN 10,001#		Cargo Body Type VAN/ENCLOSED BOX			
HAZMAT Placard NO	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		

EXHIBIT A

UNIT INFORMATION

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Local ID

201900149025

2		Driver's Name (Last, First, MI) XIDIAS, ANGELO, P		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip) 9455 PARKWAY DR		HIGHLAND IN 46322		Safety Equipment Effective? YES	
Date of Birth 1949		Age 70		Gender MALE	
Driver's License #		Lic Type OP		CDL Class	
Lic State IN		Nature of Most Severe Injury COMPLAINT OF PAIN		Ejection/Trapped NOT EJECTED OR TRAPPED	
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tell From Employment <input checked="" type="checkbox"/> None		Location of Most Severe Injury CHEST	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		IC Codes <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 2		Color SILVER		Vehicle Year 2008	
Make HONDA		Model RIDGELINE		Style PK	
# Occupants 2		Lic Year 2019		License State IN	
# Axles 2		Speed Limit 55		Insured By ERIE INSURANCE	
Vehicle Identification #		Registered Owner's Name (Last, First, MI) XIDIAS, ANGELO, P		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Address (Street, City, State, Zip) 9455 PARKWAY DR		HIGHLAND IN 46322		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Towed? To YES LAPORTE		By ACE TOWING		Due to Disabling Damage YES	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) XIDIAS, ANGELO, P	
License#		Address (Street, City, State, Zip) 9455 PARKWAY DR		Vehicle Type PICKUP	
Veh Year		Make		Pre-Crash Vehicle Action GOING STRAIGHT	
Lic State		Lic Year		Registered Owner's Name (Last, First, MI) XIDIAS, ANGELO, P	
License#		Address (Street, City, State, Zip) 9455 PARKWAY DR		Direction of Travel SOUTH	
Veh Year		Make		Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier	
Commercial Vehicle: Carrier's Name and Address		HAZMAT Proper Shipping Name:		State DOT#	
US DOT#		ICC#		CMV Inspection If Yes	
Gross Vehicle Weight Rating		Cargo Body Type		Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE	
HAZMAT Placard		HAZMAT Release of Cargo		HAZMAT 4-Digit ID#	
Hazard Class #					

EXHIBIT A

UNIT INFORMATION

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Local ID

201900149025

3		Driver's Name (Last, First, MI) FARRINGTON, GAYLE L		Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT	
Address (Street, City, State, Zip)				Safety Equipment Effective? YES	
IN 46304				Ejection/Trapped NOT EJECTED OR TRAPPED	
Date of Birth 1957	Age 62	Gender FEMALE		EMS No.	Injured After NO
Driver's License #		Lic Type QP	CDL Class	Driver Injury Status	
		Lic State IN	Nature of Most Severe Injury		
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment		<input checked="" type="checkbox"/> None	
Test Given NONE		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Location of Most Severe Injury	
Alcohol Results PBT		Certified Test <input type="checkbox"/> Pending		Drug Results	
Veh# 3	Color BLUE	Vehicle Year 2017	Make KIA	Model OPTIMA	Style 4D
# Occupants 1	Lic Year 2021	License #		License State IN	
# Axes 2	Speed Limit 55	Insured By INDIANA FARM BUREAU INSURANCE		Phone Number	
Vehicle Identification					
Registered Owner's Name (Last, First, MI)				<input type="checkbox"/> Same as Driver	
Address (Street, City, State, Zip)					
IN 46304					
Towed? YES	To MICHIGAN CITY	By BRINCKMANS TOWING		Due to Disabling Damage YES	
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)		<input type="checkbox"/> Same as Driver
License#		Address (Street, City, State, Zip)			
Veh Year	Make				
Commercial Vehicle: Carrier's Name and Address					
HAZMAT Proper Shipping Name:					
US DOT#		ICC#	CMV Inspection	If Yes	
Gross Vehicle Weight Rating		Cargo Body Type			
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #		
Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown					
Areas Damaged (Multiples) <input checked="" type="checkbox"/> Undercarriage <input checked="" type="checkbox"/> Trailer <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown					
Vehicle Use PERSONAL (FARM, COMPANY)					
Emergency Run?				Fire? NO	
Vehicle Type PASSENGER CAR/STATION WAGON					
Pre-Crash Vehicle Action GOING STRAIGHT					
Direction of Travel SOUTH					
Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input checked="" type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp					
Event Collision With 1. ANOTHER MOTOR VEHICLE					

EXHIBIT A

NON-DRIVER INJURED INFORMATION

903482510

Page 6 of 6

Local ID
201900149025

Injured Pre-crash Location: Veh# 2 INJURED			Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT		
Name (Last, First, MI) XIDIAS, ROULA			Safety Equipment Effective? YES		
Address (Street, City, State, Zip) 9455 PARKWAY DR			Ejection/Trapped NOT EJECTED OR TRAPPED		
HIGHLAND		IN 46322	EMS No. 0789	Injured Attn YES	Injury Status INCAPACITATING-
Date of Birth 960	Age 59	Gender FEMALE	Nature of Most Severe Injury COMPLAINT OF PAIN		
Position in or on Vehicle			Location of Most Severe Injury CHEST		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Alcohol Results PBT			Drug Results PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
Date of Birth		Age	EMS No.	Injured Attn	Injury Status
Position in or on Vehicle			Nature of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Alcohol Results PBT			Drug Results PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
Date of Birth		Age	EMS No.	Injured Attn	Injury Status
Position in or on Vehicle			Nature of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Alcohol Results PBT			Drug Results PBT		
Injured Pre-crash Location: Veh#			Safety Equipment Used		
Name (Last, First, MI)			Safety Equipment Effective?		
Address (Street, City, State, Zip)			Ejection/Trapped		
Date of Birth		Age	EMS No.	Injured Attn	Injury Status
Position in or on Vehicle			Nature of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Location of Most Severe Injury		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <input type="checkbox"/> Rear </div> </div>			Test Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT Type Given: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		
Alcohol Results PBT			Drug Results PBT		

EXHIBIT A





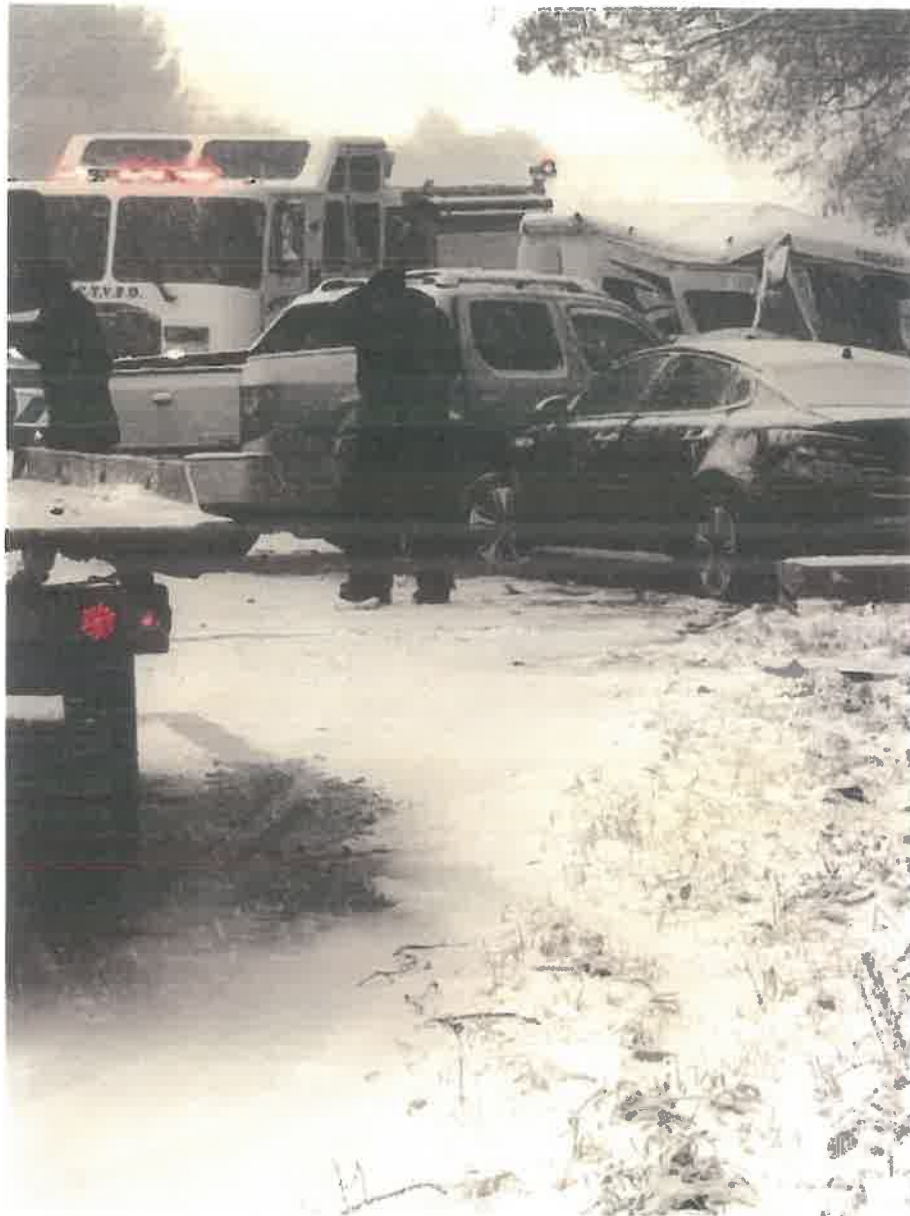


EXHIBIT A

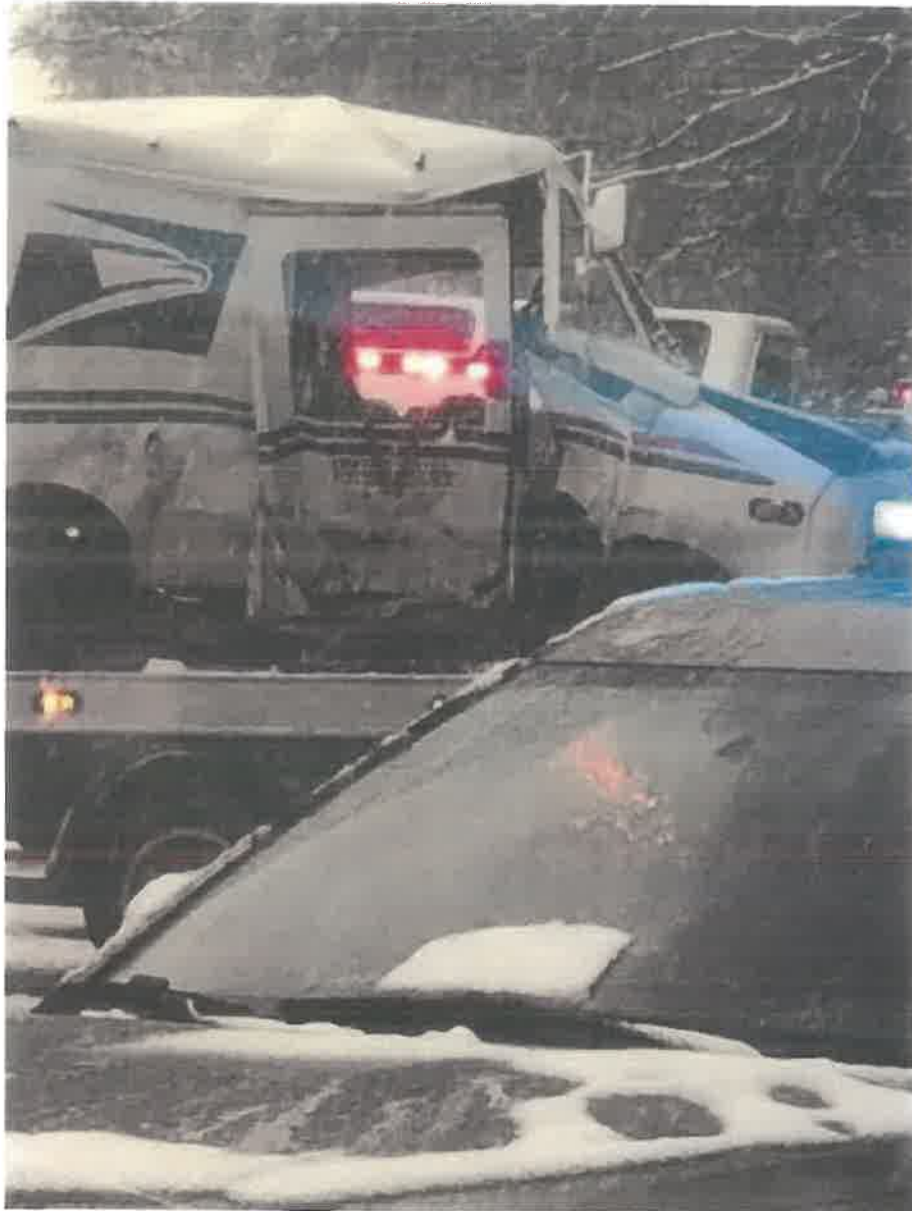


EXHIBIT A



EXHIBIT A



EXHIBIT A

EXHIBIT B - WITNESSES

	NAME	ADDRESS
1.	Linda R. Evans	1608 Ohio Street, Michigan City, IN 46360
2.	Angelo P. Xidias	9455 Parkway Drive, Highland, IN 46322
3.	Roula Xidias	9455 Parkway Drive, Highland, IN 46322
4.	Gayle L. Farrington	1511 Hogan Avenue, Chesterton, IN 46304
5.	Leonard V. Covello, MD	of Community Hospital
6.	Shaila B. Gupta, MD	of Community Hospital
7.	David L. Bolin, MD	of Regional Health
8.	Christopher Adam Conn, MD	of La Porte Physician Network
9.	Patti J. Leahy	of LCSW of Regional Health
10.	Joseph Venditti, MD	of La Porte Hospital
11.	Any and all Medical Personnel on the scene and/or at the hospital	
12.	Any and all Emergency Personnel on the scene and/or at the hospital	
13.	Any and all treating physicians including future treatment of all witnesses listed above	

Account Number	Guarantor Name	myEasyMatch Code	Statement Date	Due Date
	Roula Xidias		03/26/20	04/15/20

Date	Description	Charges	Charges	Credits	Balance
Visit on 11/5/2019 with COVELLO, LEONARD V - Patient XIDIAS, ROULA					
11/05/2019	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	Leonard Covello V, MD	109.00		0.00
	Insurance Payment - Ambetter Mhs			(0.00)	
	Totals:		109.00	(0.00)	0.00
Visit on 9/3/2020 with GUPTA, SHAILA B - Patient XIDIAS, ROULA					
03/03/2020	MOTOR & SENS 9-10 NRV CNDJ PRECONF ELTRODE LIMB	Shaila B Gupta, DO	204.00		184.58
03/03/2020	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Shaila B Gupta, DO	206.00		113.23
	Insurance Payment - Ambetter Mhs			(0.00)	
	Insurance Adjustment - Ambetter Mhs			(132.19)	
	Totals:		410.00	(132.19)	277.81
Visit on 8/10/2020 with GUPTA, SHAILA B - Patient XIDIAS, ROULA					
08/10/2020	MOTOR & SENS 11-12 NRV CNDJ PRECONF ELTRODE LIMB	Shaila B Gupta, DO	234.00		0.00
08/10/2020	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	Shaila B Gupta, DO	206.00		0.00
	Totals:		440.00	(0.00)	0.00

Current Balance Due:

4/06/20 che # 5602
 277.81
 100.00
 177.81

MESSAGES:

If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Bill Online: www.combs.org

Total Balance	\$277.81
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$277.81

PAY THIS AMOUNT: \$277.81

5/12/20 $\frac{100.00}{141.80}$

EXHIBIT C

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 94 of 120

DATE	PATIENT	PROVIDER	REF	CHARITABLE SERVICE	CHARGE	RECEIPT PAID \$	RECEIPT DATE	AMOUNT PAID	PAID BAL	OUT BAL
01/07/20	Roula ✓	Bolin	90834	PSYTX W PT 45 MINUTES	\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
01/28/20	Roula ✓	Bolin	90834	PSYTX W PT 45 MINUTES	\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
02/12/20	Roula ✓	Bolin	90834	PSYTX W PT 45 MINUTES	\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
02/20/20	Roula ✓	Bolin	90834	PSYTX W PT 45 MINUTES	\$292.40	\$0.00		\$230.31	\$0.00	\$62.09
Payment is due upon receipt. Thank you.										
<div>3/26/20</div> <div>248.36 100.00 <hr/>148.36</div>										
CURRENT		30-60 DAYS		60-90 DAYS		90-120 DAYS		OVER 120 DAYS		TOTAL ACCOUNT BALANCE
\$248.36		\$0.00		\$0.00		\$0.00		\$0.00		\$248.36
										DUE FROM PATIENT
										\$248.36

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

Guarantor Number	Guarantor Name	Statement Date	Due Date
USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 95 of 120	Roula Xidias	05/17/20	06/06/20

> Hospital Accounts NOT on Payment Plan

Account				Roula Xidias - COMMUNITY HOSPITAL - Outpatient - AMBETTER MHS -	
02/17/20	PHYSICAL THERAPY - GENERAL CLASSIFICATION	\$852.00	\$0.00		
to	Insurance Payments		-\$433.44		
02/29/20	Insurance Adjustments				
	Your Responsibility				\$418.56
Account				Roula Xidias - COMMUNITY HOSPITAL - Outpatient - AMBETTER MHS -	
03/02/20	PHYSICAL THERAPY - GENERAL CLASSIFICATION	\$1,287.00	\$0.00		
to	Insurance Payments		-\$668.58		
03/31/20	Insurance Adjustments				
	Your Responsibility				\$618.42
Account				Roula Xidias - COMMUNITY HOSPITAL - Outpatient - AMBETTER MHS -	
03/03/20	OTHER DIAGNOSTIC SERVICES - GENERAL CLASSIFICATION	\$7,006.00	\$0.00		
to	Insurance Payments		-\$6,923.90		
03/04/20	Insurance Adjustments		-\$200.00		
	Patient Payments				

****COVID-19 Update****

Community Healthcare System is dedicated to providing for the healthcare of the communities we serve. If your employment situation has changed, please contact our office to discuss any changes you need to make. Per CDC guidelines, we are restricting in-person visits for document collection and payments. Charity documents can be mailed or faxed to us. Payments can be made online or by phone. Please contact us with any questions you may have.

Making payments without a formal payment arrangement on all accounts will not stop our collection process. Please contact our office to set up a payment plan.

If your personal information has changed or you are sending in a credit card payment, please fill out the information on the back of statement.

Any communications concerning a dispute of any payments for less than the full account balance which are tendered in full satisfaction of the account must be sent to: Patient Financial Services PO Box 3604 Munster IN 46321.

For more information regarding our Helping Hand financial assistance program, please refer to the back of this statement.

Pay Your Bill Online: comhs.org	
Billing Inquiries: Call 219-934-8888 or 800-210-8776	
Total Current Balance	\$2,802.38
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$2,802.38

PAY THIS AMOUNT:	\$2,802.38
------------------	-------------------

5/20/20 200.00
 2 602.38

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	04/27/2020	05/18/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
01/30/2020	Date of Service (01/30/20) ROULA XIDIAS Provider CONN, CHRISTOPHER ADAM MD	\$114.00	\$0.00	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>\$62.45</p> <p>5/01/20</p> </div> </div>
04/21/2020	99212 OFFICE/OUTPATIENT VISIT EST		-\$51.55	
04/21/2020	Commercial insurance payment Contractual Allowance Adjustment Patient Balance			
<p>Thank you for letting La Porte Physician Network provide your medical needs. Your insurance has been processed and the remaining balance is the patient's responsibility. If you have questions, need to arrange a payment plan, please call 844-576-4328.</p>				

Total Charges:\$114.00
Insurance Payments/Adjustments:-\$51.55
Patient Payments/Adjustments:\$0.00

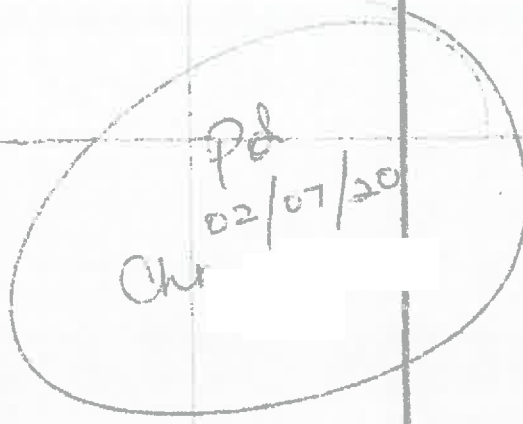
AMOUNT DUE:

\$62.45

La Porte Physician Network | PO Box 74008602 | Chicago, IL 60674-8602 | 844-576-4328

FORM 1 - 10/21/2019 - 604497-01 / NY-0-0-0

Statement Number	Guarantor Name	Statement Date	Due Date
	ROULA XIDIAS	01/25/2020	02/15/2020

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
	Date of Service (12/12/19) ROULA XIDIAS Provider: CONN, CHRISTOPHER ADAM MD			
12/12/2019	99212 OFFICE/OUTPATIENT VISIT EST	\$114.00	\$0.00	
12/24/2019	Commercial insurance payment		-\$51.55	
12/24/2019	Contractual Allowance Adjustment			
	Patient Balance			\$62.45
<p>La Porte Physician Network has not received payment. To set up an approved payment plan, for information about a financial assistance program, or if you have questions about your bill, please call the number above.</p>				
				

Total Charges:\$114.00
Insurance Payments/Adjustments:-\$51.55
Patient Payments/Adjustments:\$0.00

AMOUNT DUE**\$62.45**

La Porte Physician Network | PO Box 740085091 Chicago, IL 60674-8809 | 312.444.4784

Account Number	Guarantor Name	myEasyMatch Code	Statement Date	Due Date
	Roula Xidias		04/26/20	05/16/20

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 98 of 120

Service Date	Description	Charges	Provider	Charges	Credits	Balance
Visit on 1/21/2020 with GUPTA, SHAILA B - Patient XIDIAS, ROULA						
01/21/2020	OFFICE OR OUTPATIENT VISIT		Shaila B Gupta, DO	428.00		46.86
	Insurance Payment - Ambetter Mhs				(0.00)	
	Insurance Adjustment - Ambetter Mhs				(181.14)	
	Patient Payment/Adjustment				(200.00)	
	Totals:			428.00	(381.14)	46.86
	Current Balance Due:					46.86

pd in file
05/04/20

MESSAGES:

Your account is seriously past due! Please remit payment of the patient balance today! If you have questions regarding your statement, please call 1-866-365-7620.

Pay Your Bill Online: www.comhs.org	
Total Balance	\$46.86
Payment Plan Amount	\$0.00
Non Payment Plan Amount	\$46.86

PAY THIS AMOUNT:	\$46.86
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STATEMENT

DATE	PATIENT	PROVIDER	CPT	DESCRIPTION OF SERVICE	CHARGE	RECEIPT FROM INS	RECEIPT FROM PAT	AMOUNT	INS. BAL	PAT BAL
12/16/19	Roula	Leahy	90791	INTAKE EVAL NO MEDICAL	\$402.40			\$277.16	\$0.00	\$125.24
Payment is due upon receipt. Thank you.										
Pd 02/07/20										
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE		DUE FROM PATIENT			
\$125.24	\$0.00	\$0.00	\$0.00	\$0.00	\$125.24		\$125.24			

For Questions Call English (219) 757-1936 or Spanish Speaking Call 219-757-1927

REGIONAL HEALTH • 8400 LOUISIANA STREET • MERRILLVILLE, IN 46410-6385

EXHIBIT C

La Porte County EMS
809 State St., Suite 301A
LA PORTE, IN 46350
(219) 326-6808 (219) 325-5566

Patient Name: Roula Xidias

Patient Number:

Call Number:

Date Of Call: 11/11/2019

From Location: 3883N HWY 35

To Location: La Porte Hospital

Roula Xidias

9455 Parkway Dr.

HIGHLAND, IN 46322

Insurance

<u>DESCRIPTION OF CHARGES</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Advanced Life Support	A0427	1.0	859.00	859.00
Ambulance Mileage Charge	A0425	4.5	12.00	54.00
PUBLIC OUTREACH FEE	A0999	1.0	2.00	2.00

Total Charges 915.00

Total Credits 0.00

PLEASE PAY THIS AMOUNT => \$915.00

^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: Xidias, Roula
 Patient Number:

Call Number:
 Current Date: 04/14/2020

Amount Due: \$915.00

Amount
 Enclosed \$ _____

This account is now due. This invoice is for ambulance service provided to you. Please send your payment now or contact our office. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C

THIS IS A MEDICAL BILL
Have questions about your bill?
Call us 888-703-3301

USDC IN/ND case 2:21-cv-00354-TLS-JEM document 1 filed 11/10/21 page 101 of 120

XIDIAS ROULA's Invoice
Invoice Number:

EMBCC
PATIENT SERVICES

BILL SUMMARY

Payment Due

Your insurance has been billed. Your balance is below.

Please pay:

\$2,089.00

Statement Date
02/05/2020



Pay Online
(Recommended)



Pay By Phone



Pay By Mail

Visit: embcc.com
or scan this code from
your smartphone.



Call customer service to make a
payment or set up a payment plan.
888-703-3301

Detach payment coupon and submit
with a check or credit card information.



Our healthcare physicians and advanced practice providers are independent of the facility and bill separately for their services. This is not a balance bill. If you have insurance, this amount reflects your balance due after your insurance payment was applied, including any deductibles and copayments that are your responsibility.

This is a Bill for Services Provided by our Healthcare Providers at LA PORTE HOSPITAL

SELF PAY NO INS

CHARGES SUMMARY

Date	Activity	Amount
11/11/2019	Emergency Provider Charge....	\$2,089.00
02/05/2020	Invoice Balance	\$2,089.00

EMBCC
PATIENT SERVICES

DO NOT mail payments or correspondence to this address
165 Caprice Ct
Castle Rock, CO 80109

☐ Has your insurance or patient information changed?
Please check the box and indicate any change on the reverse side.

XIDIAS ROULA
9455 PARKWAY DR
HIGHLAND, IN 46322-2335

If paying by credit, debit or flexible spending card, complete this section.			
Responsible Party XIDIAS ROULA		Account Number	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
Card Number		Name on Card	
Signature		Exp. Date	Zip Code
\$2,089.00	STATEMENT DATE 02/05/2020	DUE DATE Due Now	AMOUNT ENCLOSED

Include your account number on checks payable to :

NORTH INDIANA EMERG PHYSICIANS LLP
PO BOX 731584
DALLAS, TX 75373-1584

EXHIBIT C

RADIOLOGY INC
620 W. EDISON
MISHAWAKA IN 465452784
574-258-1100

Patient:
Acct #:
XIDIAS, ROULA
9455 PARKWAY DR
Highland, IN 46322

Responsible party:
XIDIAS, ROULA
9455 PARKWAY DR
Highland, IN 46322

Srvc. Date Modifier(s)	Procedure Description Diagnosis Code(s)	Location	Charge	Balance	Physician
11/11/2019 26 LT	73590 - X-Ray Exam of Lower Le M79.89	200 - LPT	\$41.13	\$12.11	BOSMAN, SUZANNE ALLISON
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$29.02		
Insurance Payment: 12/16/2019 of \$0.00			Adjustment: \$0		
11/11/2019 76 26 RT	73590 - X-Ray Exam of Lower Le M79.89	200 - LPT	\$41.13	\$12.11	BOSMAN, SUZANNE ALLISON
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$29.02 AM Better		
Insurance Payment: 12/16/2019 of \$0.00			Adjustment: \$0		
11/11/2019 26	70450 - CAT Scan of Head/Brain S09.90XA	200 - LPT	\$200.53	\$0.00	AHMAD, IRFAN
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$0.00		
Insurance Payment: 12/23/2019 of \$170.45			Adjustment: \$30.08 Erie Insurance		
Insurance Payment: 01/13/2020 of \$0.00			Adjustment: \$0		
11/11/2019 26	72125 - CAT Scan of Neck Spine S19.90XA	200 - LPT	\$272.51	\$0.00	AHMAD, IRFAN
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$0.00		
Insurance Payment: 12/23/2019 of \$231.63			Adjustment: \$40.88 Erie Insurance		
Insurance Payment: 01/13/2020 of \$0.00			Adjustment: \$0		
11/11/2019 26	72129 - Contrast CAT Scan of T S39.92XA	200 - LPT	\$287.94	\$84.08	BOSMAN, SUZANNE ALLISON
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$203.86 AM Better		
Insurance Payment: 12/16/2019 of \$0.00			Adjustment: \$0		
11/11/2019 26	72132 - Contrast CAT Scan of L S39.92XA	200 - LPT	\$286.22	\$0.00	PILLAI, KRISHNA R
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$0		
Insurance Payment: 12/30/2019 of \$243.29			Adjustment: \$0 Erie Insurance		
Insurance Payment: 01/13/2020 of \$0.00			Adjustment: \$0		
Insurance Payment: 01/13/2020 of \$0.00			Adjustment: \$42.93 Erie Insurance		
11/11/2019 26	74177 - Ct Abd & Pelvis With C S39.91XA	200 - LPT	\$479.19	\$0.00	AHMAD, IRFAN
Payment Information					
Insurance Payment: 11/29/2019 of \$0.00			Adjustment: \$0		
Insurance Payment: 12/23/2019 of \$407.31			Adjustment: \$71.88 Erie Insurance		
Insurance Payment: 01/13/2020 of \$0.00			Adjustment: \$0		
11/11/2019 26	71260 - Contrast CAT Scan of C S22.41XA	200 - LPT	\$293.08	\$0.00	BOSMAN, SUZANNE ALLISON

Payment Information

Insurance Payment: 12/18/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/16/2020 of \$249.12 Adjustment: \$43.96
Insurance Payment: 01/22/2020 of \$0.00 Adjustment: \$0

11/19/2019 71046 - Radiologic examination 200 - LPT \$52.70 \$0.00 BOSMAN, SUZANNE ALLISON
26 R07.89

Payment Information

Insurance Payment: 12/11/2019 of \$0.00 Adjustment: \$0
Insurance Payment: 01/08/2020 of \$44.80 Adjustment: \$7.90
Insurance Payment: 01/13/2020 of \$0.00 Adjustment: \$0

TOTAL BALANCE: \$108.30
Print Date: 02/26/2020



ECC Payment Log
Exposure: MedPay

Paid: \$5,000

Claimant: ROULA XIDIAS

Claim Number	Claim Date	Payee Name	Insured Name	Category	Settled Amount	Settled Date	Claim Number	Insured Name	Settled Amount	Settled Date
1/23/20	6	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	\$3,252.72			ROULA XIDIAS	11/11/19	11/12/19
12/12/19	1	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$209.30			ROULA XIDIAS	11/11/19	11/11/19
12/24/19	2	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$249.28			ROULA XIDIAS	11/11/19	11/11/19
12/30/19	3	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	\$400.85			ROULA XIDIAS	11/10/19	11/12/19
1/3/20	4	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$44.80			ROULA XIDIAS	11/10/19	11/12/19
1/12/20	5	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$248.12	\$0.00		ROULA XIDIAS	11/11/19	11/11/19

MEDICAL BILL SUMMARY FOR ANGELO XIDIAS

Provider	Date of Invoice	Amount
La Porte Clinic Company LLC	11/11/19	565.00
La Porte EMS	11/11/19	654.00
La Porte Hospital	11/11/19	24,363.51
La Porte Physician Joseph Venditi, MD	11/11/19	300.00
Lake Porter Cardiovascular	11/11/19	179.03
Radiology Inc.	11/11/19	402.08
Radiology Inc.	11/11/19	249.12
Radiology Inc.	11/11/19	479.84
		<u>27,192.58</u> TOTAL

La Porte County EMS
809 State St., Suite 301A
LA PORTE, IN 46350
(219) 326-6808 (219) 325-5566

Patient Name: Angelo Xidias

Patient Number:

Call Number:

Date Of Call: 11/11/2019

From Location: 3883 N. US Hwy 35

To Location: La Porte Hospital

Angelo Xidias

9455 Parkway Dr.

HIGHLAND, IN 46322

Insurance:

<u>DESCRIPTION OF CHARGES</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
Basic Life Support	A0429	1.0	598.00	598.00
BLS Mileage	A0425	4.5	12.00	54.00
PUBLIC OUTREACH FEE	A0999	1.0	2.00	2.00

Total Charges 654.00

Total Credits 0.00

PLEASE PAY THIS AMOUNT => \$654.00

^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: Xidias, Angelo

Call Number:

Amount Due: \$654.00

Patient Number:

Current Date: 01/06/2020

Amount

Enclosed \$ _____

THIS IS OUR SECOND STATEMENT ASKING YOU TO SUBMIT THIS CLAIM TO YOUR AUTO INSURANCE AGENT.

> PLEASE LET US KNOW IF YOU HAVE FILED YOUR CLAIM. > IF YOU HAVE NOTIFIED US, PLEASE
 DISREGARD THIS STATEMENT. THANK YOU.

La Porte County EMS 809 State St., Suite 301A LA PORTE, IN 46350-3329

EXHIBIT C

Report Settings	
Account:	XIDIAS,ANGELO [257923]
Submission Information	
User:	
Time:	Wed Feb 5, 2020 12:36 PM

Transaction Information				
		Service Date From	Service Date To	Total Amount
		11/01/2019	12/31/2019	300.00
Charges				
Tx #	Procedure	Service Provider	Date	Amount
1	99223-PR INITIAL HOSPITAL CARE/DAY 70 MIN...	Joseph Venditti, MD [10...	11/11/2019	300.00
	(Match Pmt) 2	2000-P INSURANCE PAYMENT (INSURANCE)	12/25/2019	179.03
	(Match Adj) 2	2000-P WRITE-OFF (INSURANCE)	12/25/2019	120.97
Payments		Matched to charges		179.03
Adjustments		Matched to charges		120.97

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.

Professional Billing

2/5/2020 12:36:42 PM

EXHIBIT C

IN La Porte Hospital

**Itemized Statement
Of All Charges**

DATE OF BILL	PAGE NO.
02/20/20	1

Patient Name	Patient Number	Date Of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19

Guarantor Name And Address	XIDIAS, ANGELO 9455 PARKWAY DR Highland IN 463222335
----------------------------	--

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/13/2019	0206	ROOM/BED: Telem	1.00	2144.38	2144.38
11/12/2019	0206	ROOM/BED: Telem	1.00	2144.38	2144.38
Total Charge Amount					4288.76
11/12/2019	0250	docusate 100 mg Cap	1.00	1.00	1.00
11/13/2019	0250	docusate 100 mg Cap	1.00	1.00	1.00
11/11/2019	0250	morphine 2 mg/1 mL Soln-Inj	1.00	58.73	58.73
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	2.00	3.57	7.14
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/13/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	oxyCODONE-acetaminophen 5 mg-325 mg	1.00	3.57	3.57
11/12/2019	0250	pantoprazole 40 mg Powder-Inj	1.00	58.73	58.73
11/13/2019	0250	pantoprazole 40 mg Powder-Inj	1.00	58.73	58.73
Total Charge Amount					210.32
11/11/2019	0255	LOCM 300-399MG/ML ML	75.00	3.18	238.50
Total Charge Amount					238.50
11/11/2019	0258	dextrose 5% with 0.45% NaCl Soln-IV; 1000	1.00	221.95	221.95
11/12/2019	0258	dextrose 5% with 0.45% NaCl Soln-IV; 1000	1.00	221.95	221.95
Total Charge Amount					443.90
11/12/2019	0300	COLLECTION: Venous Draw Chg	1.00	36.04	36.04
11/11/2019	0300	COLLECTION: Venous Draw Chg	1.00	36.04	36.04
Total Charge Amount					72.08
11/11/2019	0301	Amylase Blood	1.00	178.08	178.08
11/11/2019	0301	CMP	1.00	288.32	288.32
11/12/2019	0301	CMP	1.00	288.32	288.32
11/11/2019	0301	Lipase Level	1.00	102.82	102.82

PLEASE REFER TO PATIENT
NUMBER ON ALL INQUIRIES
AND CORRESPONDENCE.

PATIENT NUMBER

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT
POSTED WHEN THIS BILL IS PREPARED, OR IF ANY INSURANCE CARRIERS DO
NOT PAY ANY AMOUNT OF THE AMOUNTS SHOWN

Please Retain For Your Records

TOTAL AMOUNT DUE	0.00
------------------	------

EXHIBIT C

IN La Porte Hospital**Itemized Statement
Of All Charges**

DATE OF BILL

02/20/20

PAGE NO

2

Patient Name	Patient Number	Date of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19

Guarantor Name And Address	XIDIAS, ANGELO 9455 PARKWAY DR Highland IN 463222335
----------------------------	--

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/11/2019	0301	Troponin T Quant	1.00	272.00	272.00
11/12/2019	0301	Troponin T Quant	1.00	272.00	272.00
		Total Charge Amount			1401.54
11/11/2019	0305	Complete Blood Count w/Diff Auto	1.00	193.98	193.98
11/12/2019	0305	Complete Blood Count w/Diff Auto	1.00	193.98	193.98
		Total Charge Amount			387.96
11/11/2019	0307	Yes - Perform Microscopic	1.00	122.96	122.96
		Total Charge Amount			122.96
11/11/2019	0320	XR Wrist Complete Min 3 V Left DR	1.00	312.70	312.70
		Total Charge Amount			312.70
11/11/2019	0324	XR Chest 1 V Portable DR	1.00	252.28	252.28
		Total Charge Amount			252.28
11/11/2019	0351	CT Head or Brain WO	1.00	2237.66	2237.66
		Total Charge Amount			2237.66
11/11/2019	0352	CT Abdomen Pelvis W	1.00	2517.50	2517.50
11/11/2019	0352	CT Chest W	1.00	2517.50	2517.50
11/11/2019	0352	CT Spine Cervical WO	1.00	2237.66	2237.66
		Total Charge Amount			7272.66
11/12/2019	0410	Chest Physiotherapy Charge:Initial	1.00	87.98	87.98
		Total Charge Amount			87.98
11/12/2019	0420	CH 0% impaired - PT Mobility Current Status	1.00	0.01	0.01
11/12/2019	0420	CH 0% impaired - PT Mobility Discharge Sta	1.00	0.01	0.01
11/12/2019	0420	CH 0% impaired - PT Mobility Goal Status G	1.00	0.01	0.01
		Total Charge Amount			0.03
11/12/2019	0424	PT EVAL LOW Unit - Yes	1.00	469.58	469.58
		Total Charge Amount			469.58
11/12/2019	0430	CH 0% impaired	1.00	0.01	0.01
11/12/2019	0430	CH 0% impaired - OT Self-Care Discharge S	1.00	0.01	0.01

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Please Retain For Your Records

TOTAL AMOUNT
DUE

0.00

EXHIBIT C

IN La Porte Hospital

**Itemized Statement
Of All Charges**

DATE OF BILL
02/20/20

PAGE NO.
3

Patient Name	Patient Number	Date Of Birth	Registration Date	Discharge Date
XIDIAS, ANGELO		07/12/49	11/11/2019	11/13/19

Charactor Name And Address	XIDIAS, ANGELO 9455 PARKWAY DR Highland IN 463222335
----------------------------	--

Insurance Company Name	Group Number	Policy Number
Misc Auto Liability		
MEDICARE IN		

Service Date	Revenue Code	Charge Description	Charge QTY	Unit Price	Total Charges
11/12/2019	0430	CH 0% impaired - OT Self-Care Goal Status	1.00	0.01	0.01
		Total Charge Amount			0.03
11/12/2019	0434	Yes - OT EVAL LOW Unit	1.00	469.58	469.58
		Total Charge Amount			469.58
11/11/2019	0450	96374 - IV Injection, single/initial	1.00	214.12	214.12
11/11/2019	0450	99285 - Level 5	1.00	2221.76	2221.76
		Total Charge Amount			2435.88
11/11/2019	0483	NI Echo TTE 2D Complete w Color Doppler	1.00	2326.69	2326.69
		Total Charge Amount			2326.69
11/11/2019	0730	ED EKG Start Time	1.00	444.14	444.14
11/11/2019	0730	ED EKG Start Time	1.00	444.14	444.14
11/12/2019	0730	Electrocardiogram 12 Lead	1.00	444.14	444.14
		Total Charge Amount			1332.42

SUMMARY OF CHARGES

TOTAL CHARGES	24363.51
TOTAL PAYMENTS	-3124.93
TOTAL PATIENT PAYMENTS	0.00
TOTAL ADJUSTMENTS	-21238.58
TOTAL AMOUNT DUE	0.00
BAD DEBT BALANCE	0.00

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AND CORRESPONDENCE.

PATIENT NUMBER

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Please Retain For Your Records

TOTAL AMOUNT DUE 0.00

EXHIBIT C



ECC Payment Log
Exposure: MedPay

Claimant: ANGELO XIDIAS

Paid: \$5,000

Check Number	Check Issue Date	Payable To	Insurance	Account	Check Amount	Reserve	Balance	Comments	Start Date	End Date
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$402.06			ANGELO XIDIAS	11/1/19	11/1/19
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$346.12	\$0.00		ANGELO XIDIAS	11/1/19	11/1/19
12/11/19	12/11/19	RADIOLOGY INC.	ANGELO XIDIAS	Medical Payments	\$478.94			ANGELO XIDIAS	11/1/19	11/1/19
12/10/19	12/10/19	LAKE PORTER CARDIOVASCULAR	ANGELO XIDIAS	Medical Payments	\$179.03			ANGELO XIDIAS	11/1/19	11/1/19
12/27/19	12/27/19	LA PORTE CLINIC COMPANY LLC	ANGELO XIDIAS	Medical Payments	\$595.00			ANGELO XIDIAS	11/1/19	11/1/19
1/8/20	1/8/20	LA PORTE HOSPITAL	ANGELO XIDIAS	Medical Payments	\$3,134.82			ANGELO XIDIAS	10/1/19	11/1/19

**Erie
Insurance**

Branch Office • One Parkwood • 250 E. 96th Street • Suite 500 • Indianapolis, IN • 46240-3762 • 317.848.3420 • Toll free 1.800.624.1620
Fax 800.535.4691 • Mail Address: P.O. Box 80129 • Indianapolis, IN 46280-0129 • www.erieinsurance.com

Erie Insurance Group**Total Loss Report****Claim #****Loss Date:** 11/11/19**Owner:** Angelo Xidias**Material Damage Adjuster:** Velena Preston**Address:** 9455 Parkway Dr
Highland, IN 46322**Adjuster Phone #****Year:** 2008**Make:** HOND**Model:** RIDGELINE**VIN #****Towing Charge:****Daily Storage:****Erie will pay storage until:****Salvage Bids if Owner Retained****Salvage Bidder:** METRO (ART)**Bid Date:** 12/10/2019**Bid Amount:** \$1,275.00**Salvage Bidder:** COPART**Bid Date:** 12/10/2019**Bid Amount:** \$1,298.00**Highest Bid Amount:** \$1,298.00**Settlement Details****Market Value** \$7,706.00**Prior Damage****Other Adjustments** \$200.00**Actual Cash Value** \$7,906.00**Tax Type** state**% Tax** 7.000%**Tax Amount** \$553.42**State Fees** \$24.50**Gross Settlement** \$8,483.92**Deductible** \$500.00**Net Settlement** \$7,983.92**Settlement Adjustments****Total Amount Owed** \$7,983.92**Date of This Report:** 12/17/19**cc:** File

Please contact your ERIE agent promptly to discuss state specific registration issues and coverage changes that might apply given the total loss of your vehicle.

EXHIBIT D

20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes					Deductions	
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	Net Pay
Work Location: Business Location													
Department:													
2	XIDIAS, ANGELO P												
200505	01/02/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200506	01/02/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200522	01/09/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200523	01/09/19	0.0000	0.0000	563.07	0.00	563.07	34.91	8.16	0.00	0.00	0.00	0.00	520.00
200540	01/16/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200541	01/16/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200555	01/23/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200556	01/23/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200570	01/30/19	0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.00
200571	01/30/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
MTD	01/31/20	200.0000	0.0000	6,472.65	0.00	6,472.65	0.00	0.00	0.00	155.30	72.10	0.00	5,420.50
200584	02/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200585	02/06/19	0.0000	0.0000	563.09	0.00	563.09	34.92	8.17	0.00	0.00	0.00	0.00	520.00
200599	02/13/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200600	02/13/19	0.0000	0.0000	227.39	0.00	227.39	14.09	3.30	0.00	0.00	0.00	0.00	210.00
200614	02/20/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200615	02/20/19	0.0000	0.0000	227.39	0.00	227.39	14.10	3.29	0.00	0.00	0.00	0.00	210.00
200629	02/27/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200630	02/27/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
MTD	02/29/20	160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
200643	03/06/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200644	03/06/19	0.0000	0.0000	563.07	0.00	563.07	34.91	8.16	0.00	0.00	0.00	0.00	520.00
200658	03/13/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200659	03/13/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200672	03/20/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200673	03/20/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200686	03/27/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200687	03/27/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
MTD	03/31/20	160.0000	0.0000	5,245.27	0.00	5,245.27	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
QTD	03/31/20	520.0000	0.0000	16,963.19	0.00	16,963.19	0.00	0.00	0.00	403.78	187.46	0.00	14,217.30

20218 - LAPORTE MAIN MUFFLER**Employee Statement of Wage**

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes				Deductions		Net Pay
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
200703	04/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200704	04/03/19	0.0000	0.0000	227.39	0.00	227.39	14.10	3.29	0.00	0.00	0.00	0.00	210.00
200716	04/10/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200717	04/10/19	0.0000	0.0000	563.08	0.00	563.08	34.91	8.17	0.00	0.00	0.00	0.00	520.00
200733	04/17/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200734	04/17/19	0.0000	0.0000	227.40	0.00	227.40	14.10	3.30	0.00	0.00	0.00	0.00	210.00
200747	04/24/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200748	04/24/19	0.0000	0.0000	227.38	0.00	227.38	14.09	3.29	0.00	0.00	0.00	0.00	210.00
MTD	04/30/20	160.0000	0.0000	5,245.25	0.00	5,245.25	0.00	0.00	0.00	124.24	57.68	0.00	4,398.40
200761	05/01/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200766	05/01/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
200778	05/08/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200779	05/08/19	0.0000	0.0000	604.66	0.00	604.66	37.49	8.77	21.62	18.29	8.49	0.00	510.00
200792	05/15/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200793	05/15/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
200806	05/22/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200807	05/22/19	0.0000	0.0000	249.01	0.00	249.01	15.44	3.61	0.00	6.80	3.16	0.00	220.00
200820	05/29/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200821	05/29/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
MTD	05/31/20	200.0000	0.0000	6,566.46	0.00	6,566.46	0.00	0.00	0.00	199.68	92.72	0.00	5,420.50
200834	06/05/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200835	06/05/19	0.0000	0.0000	237.60	0.00	237.60	14.74	3.44	0.00	6.43	2.99	0.00	210.00
200853	06/12/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200854	06/12/19	0.0000	0.0000	617.54	0.00	617.54	38.28	8.96	22.91	18.70	8.69	0.00	520.00
200869	06/19/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200870	06/19/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
200887	06/26/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200888	06/26/19	0.0000	0.0000	617.55	0.00	617.55	38.29	8.96	22.91	18.70	8.69	0.00	520.00
200902	06/28/19	0.0000	0.0000	10,832.57	0.00	10,832.57	671.62	157.07	1,322.58	344.51	159.99	0.00	8,176.80
MTD	06/30/20	160.0000	0.0000	16,542.85	0.00	16,542.85	0.00	0.00	0.00	519.01	241.03	0.00	12,885.20
QTD	06/30/20	520.0000	0.0000	28,354.56	0.00	28,354.56	0.00	0.00	0.00	842.93	391.43	0.00	22,704.10
200913	07/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200914	07/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10
200915	07/03/19	40.0000	0.0000	1,000.00	0.00	1,000.00	62.00	14.50	65.92	31.06	14.42	0.00	812.10

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EXHIBIT E

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20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes					Deductions	
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	Net Pay
200923	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
200924	07/03/19	0.0000	0.0000	237.60	0.00	237.60	14.73	3.45	0.00	6.43	2.99	0.00	210.00
200925	07/03/19	0.0000	0.0000	237.59	0.00	237.59	14.73	3.44	0.00	6.43	2.99	0.00	210.00
MTD	07/31/20	120.0000	0.0000	3,712.78	0.00	3,712.78	0.00	0.00	0.00	112.47	52.23	0.00	3,066.30
200995	08/14/19	0.0000	0.0000	335.69	0.00	335.69	20.82	4.87	0.00	0.00	0.00	0.00	310.00
MTD	08/31/20	0.0000	0.0000	335.69	0.00	335.69	0.00	0.00	0.00	0.00	0.00	0.00	310.00
201044	09/11/19	0.0000	0.0000	351.72	0.00	351.72	21.80	5.10	0.00	10.12	4.70	0.00	310.00
MTD	09/30/20	0.0000	0.0000	351.72	0.00	351.72	0.00	0.00	0.00	10.12	4.70	0.00	310.00
QTD	09/30/20	120.0000	0.0000	4,400.19	0.00	4,400.19	0.00	0.00	0.00	122.59	56.93	0.00	3,686.30
201096	10/09/19	0.0000	0.0000	283.25	0.00	283.25	17.56	4.11	0.00	7.91	3.67	0.00	250.00
201105	10/16/19	0.0000	0.0000	283.25	0.00	283.25	17.57	4.10	0.00	7.91	3.67	0.00	250.00
201116	10/23/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
201117	10/23/19	0.0000	0.0000	393.41	0.00	393.41	24.39	5.70	34.71	12.71	5.90	0.00	310.00
201130	10/30/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
MTD	10/31/20	0.0000	0.0000	1,588.05	0.00	1,588.05	0.00	0.00	0.00	48.81	22.66	0.00	1,310.00
201147	11/06/19	0.0000	0.0000	314.07	0.00	314.07	19.47	4.56	25.19	10.14	4.71	0.00	250.00
201159	11/13/19	0.0000	0.0000	314.06	0.00	314.06	19.48	4.54	25.19	10.14	4.71	0.00	250.00
201160	11/13/19	0.0000	0.0000	393.42	0.00	393.42	24.39	5.71	34.71	12.71	5.90	0.00	310.00
MTD	11/30/20	0.0000	0.0000	1,021.55	0.00	1,021.55	0.00	0.00	0.00	32.99	15.32	0.00	810.00
201241	12/18/19	0.0000	0.0000	4,019.59	0.00	4,019.59	249.22	58.29	21.96	129.83	60.29	0.00	3,500.00
MTD	12/31/20	0.0000	0.0000	4,019.59	0.00	4,019.59	0.00	0.00	0.00	129.83	60.29	0.00	3,500.00
QTD	12/31/20	0.0000	0.0000	6,629.19	0.00	6,629.19	0.00	0.00	0.00	211.63	98.27	0.00	5,620.00
YTD	12/31/20	1,160.0000	0.0000	56,347.13	0.00	56,347.13	0.00	0.00	0.00	1,580.93	734.09	0.00	46,227.70

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EXHIBIT E
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20218 - LAPORTE MAIN MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Company Totals

	January	February	March	QTD	April	May	June	QTD	
Regular Hours	200.0000	160.0000	160.0000	520.0000	160.0000	200.0000	160.0000	520.0000	
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Regular Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Gross Earnings	6,472.65	5,245.27	5,245.27	16,963.19	5,245.25	6,566.46	16,542.85	28,354.56	
FICA-SS	401.30	325.21	325.21	1,051.72	325.20	407.12	1,025.66	1,757.98	
FICA-MED	93.85	76.06	76.06	245.97	76.05	95.22	239.87	411.14	
Federal W/H	329.60	263.68	263.68	856.96	263.68	351.22	1,632.08	2,246.98	
State W/H	155.30	124.24	124.24	403.78	124.24	199.68	519.01	842.93	
Local W/H	72.10	57.68	57.68	187.46	57.68	92.72	241.03	391.43	
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Net Pay	5,420.50	4,398.40	4,398.40	14,217.30	4,398.40	5,420.50	12,885.20	22,704.10	
	July	August	September	QTD	October	November	December	QTD	YTD
Regular Hours	120.0000	0.0000	0.0000	120.0000	0.0000	0.0000	0.0000	0.0000	1,160.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	3,712.78	335.69	351.72	4,400.19	1,588.05	1,021.55	4,019.59	6,629.19	56,347.13
FICA-SS	230.19	20.82	21.80	272.81	98.46	63.34	249.22	411.02	3,493.53
FICA-MED	53.83	4.87	5.10	63.80	23.03	14.81	58.29	96.13	817.04
Federal W/H	197.76	0.00	0.00	197.76	85.09	85.09	21.96	192.14	3,493.84
State W/H	112.47	0.00	10.12	122.59	48.81	32.99	129.83	211.63	1,580.93
Local W/H	52.23	0.00	4.70	56.93	22.66	15.32	60.29	98.27	734.09
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	3,066.30	310.00	310.00	3,686.30	1,310.00	810.00	3,500.00	5,620.00	46,227.70

10214 - LAPORTE APEX MUFFLER
Employee Statement of Wage

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes					Deductions	
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	Net Pay
Work Location: Business Location													
Department:													
27	XIDIAS, ROULA A												
115010	01/02/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115033	01/09/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115050	01/16/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
115070	01/23/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115088	01/30/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
MTD	01/31/20	125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07
115109	02/06/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115127	02/13/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
115149	02/20/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115167	02/27/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
MTD	02/29/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
115186	03/06/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115201	03/13/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
115223	03/20/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115239	03/27/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
MTD	03/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25
QTD	03/31/20	325.0000	0.0000	2,356.25	0.00	2,356.25	0.00	0.00	0.00	76.05	35.36	0.00	2,064.58
115257	04/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82
115278	04/10/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82
115297	04/17/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115316	04/24/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
MTD	04/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26
115335	05/01/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115353	05/08/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83
115370	05/15/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115388	05/22/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81
115409	05/29/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81

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EXHIBIT F Page 1

10214 - LAPORTE APEX MUFFLER**Employee Statement of Wage**

All Bank Accounts

January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings			Withholding Taxes					Deductions		Net Pay
		Regular	Premium	Regular	Premium	Gross	FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount		
MTD	05/31/20	125.0000	0.0000	906.25	0.00	906.25	0.00	0.00	0.00	29.25	13.60	0.00	794.07	
115427	06/05/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82	
115444	06/12/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115459	06/19/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82	
115474	06/26/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115484	06/28/19	0.0000	0.0000	4,958.56	0.00	4,958.56	307.43	71.90	444.69	160.16	74.38	0.00	3,900.00	
MTD	06/30/20	100.0000	0.0000	5,683.56	0.00	5,683.56	0.00	0.00	0.00	183.56	85.26	0.00	4,535.26	
QTD	06/30/20	325.0000	0.0000	7,314.81	0.00	7,314.81	0.00	0.00	0.00	236.21	109.74	0.00	5,964.59	
115497	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82	
115501	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115502	07/03/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82	
115571	07/31/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
MTD	07/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26	
115587	08/07/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82	
115605	08/14/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115622	08/21/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115639	08/28/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
MTD	08/31/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.25	
115656	09/04/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.62	0.00	5.85	2.72	0.00	158.83	
115673	09/11/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115690	09/18/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115707	09/25/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
MTD	09/30/20	100.0000	0.0000	725.00	0.00	725.00	0.00	0.00	0.00	23.40	10.88	0.00	635.26	
QTD	09/30/20	300.0000	0.0000	2,175.00	0.00	2,175.00	0.00	0.00	0.00	70.20	32.64	0.00	1,905.77	
115724	10/02/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	0.00	5.85	2.72	0.00	158.82	
115743	10/09/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.62	0.00	5.85	2.72	0.00	158.82	
115761	10/16/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	0.00	5.85	2.72	0.00	158.81	
115775	10/23/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99	
115796	10/30/19	25.0000	0.0000	181.25	0.00	181.25	11.23	2.63	10.82	5.85	2.72	0.00	148.00	
115803	10/30/19	0.0000	0.0000	1,378.05	0.00	1,378.05	85.44	19.98	207.45	44.51	20.67	0.00	1,000.00	

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EXHIBIT E

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10214 - LAPORTE APEX MUFFLER
Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

Check #	Date	Hours		Earnings		Gross	Withholding Taxes					Deductions	Net Pay
		Regular	Premium	Regular	Premium		FICA-SS	FICA-MED	Federal W/H	State W/H	Local W/H	Amount	
MTD	10/31/20	125.0000	0.0000	2,284.30	0.00	2,284.30	0.00	0.00	0.00	73.76	34.27	0.00	1,772.44
115818	11/06/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99
115836	11/13/19	25.0000	0.0000	181.25	0.00	181.25	11.24	2.63	10.82	5.85	2.72	0.00	147.99
MTD	11/30/20	50.0000	0.0000	362.50	0.00	362.50	0.00	0.00	0.00	11.70	5.44	0.00	295.98
115930	12/18/19	0.0000	0.0000	2,940.00	0.00	2,940.00	182.28	42.63	576.03	94.96	44.10	0.00	2,000.00
MTD	12/31/20	0.0000	0.0000	2,940.00	0.00	2,940.00	0.00	0.00	0.00	94.96	44.10	0.00	2,000.00
QTD	12/31/20	175.0000	0.0000	5,586.80	0.00	5,586.80	0.00	0.00	0.00	180.42	83.81	0.00	4,068.42
YTD	12/31/20	1,125.0000	0.0000	17,432.86	0.00	17,432.86	0.00	0.00	0.00	562.88	261.55	0.00	14,003.36

Check count = 48

10214 - LAPORTE APEX MUFFLER
Employee Statement of Wage

All Bank Accounts
January 1, 2019 - July 8, 2020

Company Totals

	January	February	March	QTD	April	May	June	QTD	
Regular Hours	125.0000	100.0000	100.0000	325.0000	100.0000	125.0000	100.0000	325.0000	
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Regular Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Gross Earnings	906.25	725.00	725.00	2,356.25	725.00	906.25	5,683.56	7,314.81	
FICA-SS	56.19	44.95	44.95	146.09	44.95	56.19	352.38	453.52	
FICA-MED	13.14	10.51	10.52	34.17	10.51	13.14	82.41	106.06	
Federal W/H	0.00	0.00	0.00	0.00	0.00	0.00	444.69	444.69	
State W/H	29.25	23.40	23.40	76.05	23.40	29.25	183.56	236.21	
Local W/H	13.60	10.88	10.88	35.36	10.88	13.60	85.26	109.74	
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Net Pay	794.07	635.26	635.25	2,064.58	635.26	794.07	4,535.26	5,964.59	
	July	August	September	QTD	October	November	December	QTD	YTD
Regular Hours	100.0000	100.0000	100.0000	300.0000	125.0000	50.0000	0.0000	175.0000	1,125.0000
Premium Hours	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Regular Earnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	17,432.86
Premium Earnings	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Gross Earnings	725.00	725.00	725.00	2,175.00	2,284.30	362.50	2,940.00	5,586.80	17,432.86
FICA-SS	44.95	44.95	44.95	134.85	141.62	22.48	182.28	346.38	1,080.84
FICA-MED	10.51	10.52	10.51	31.54	33.12	5.26	42.63	81.01	252.78
Federal W/H	0.00	0.00	0.00	0.00	229.09	21.64	576.03	826.76	1,271.45
State W/H	23.40	23.40	23.40	70.20	73.76	11.70	94.96	180.42	562.88
Local W/H	10.88	10.88	10.88	32.64	34.27	5.44	44.10	83.81	261.55
Deductions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Net Pay	635.26	635.25	635.26	1,905.77	1,772.44	295.98	2,000.00	4,068.42	14,003.36